2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2012
Secretary of State

DOCUMENT# P11000072417

Entity Name: ATU INSURANCE INC

Current Principal Place of Business:

2405 EAST MOODY BLVD
106
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 249
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 45-2979343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TULLY, JAMES P III
2405 EAST MOODY BLVD
106
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: TULLY, JAMES P III
Address: 312 PALM CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP
Name: TILTON, PATRICIA P
Address: 360 PALM CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP
Name: UNGER, PATRICIA A
Address: 5 CHEYENNE COURT
City-St-Zip: PALM COAST, FL 32137 US

Title: SEC
Name: TILTON, PATRICIA P
Address: 360 PALM CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: TREA
Name: TULLY, JAMES P III
Address: 312 PALM CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP
Name: UNGER, GERARD R
Address: 3 ROXLAND LANE
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES P TULLY III PRES 02/08/2012

Electronic Signature of Signing Officer or Director Date