2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# P11000083223

Entity Name: BASTION INSURANCE INC.

Current Principal Place of Business:

135 E HOFFMAN ST
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

199 AVENUE K SE
WINTER HAVEN, FL 33880 US

Current Mailing Address:

135 E HOFFMAN ST
LAKE ALFRED, FL 33850 US

New Mailing Address:

PO BOX 144
LAKE ALFRED, FL 33850 US

FEI Number: 35-2421523 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYD, WILLIAM K
135 E HOFFMAN ST
LAKE ALFRED, FL 33850 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: P
Name: BOYD, WILLIAM K
Address: 135 E HOFFMAN ST
City-St-Zip: LAKE ALFRED, FL 33850 US

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: WILLIAM K BOYD P 04/10/2012

Electronic Signature of Signing Officer or Director Date