

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000005305

FILED
Mar 25, 2011
Secretary of State

Entity Name: THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.

Current Principal Place of Business:

1386 S. SAXON BLVD.
DELTONA, FL 32725

New Principal Place of Business:

4826 NORTH U.S.HIGHWAY 17
DELEON SPRINGS, FL 32130

Current Mailing Address:

1386 S. SAXON BLVD.
DELTONA, FL 32725

New Mailing Address:

P.O. BOX 157
DELEON SPRINGS, FL 32130

FEI Number: 59-3227963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RODRIGUEZ, JULIAN
1386 S. SAXON BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

RODRIGUEZ, ELAINE Y
1386 S. SAXON BLVD
DELTONA, FL 32725 US

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: ELAINE Y RODRIGUEZ

03/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V
Name: RODRIGUEZ, JULIAN
Address: 1386 S. SAXON BLVD
City-St-Zip: DELTONA, FL 32725

Title: P
Name: RODRIGUEZ, ELAINE Y
Address: 1386 S. SAXON BLVD.
City-St-Zip: DELTONA, FL 32725

Title: ST
Name: RODRIGUEZ, ROSA B
Address: 1386 S. SAXON BLVD.
City-St-Zip: DELTONA, FL 32725

Title: V
Name: RODRIGUEZ, JULIAN E
Address: 1386 S. SAXON BLVD
City-St-Zip: DELTONA, FL 32725

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: ELAINE Y RODRIGUEZ

P

03/25/2011

Electronic Signature of Signing Officer or Director

Date