

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067361

FILED  
Apr 02, 2010  
Secretary of State

Entity Name: COMPETITIVE INSURANCE, INC.

**Current Principal Place of Business:**

35934 HWY 27  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

35934 HWY 27  
HAINES CITY, FL 33844

**New Mailing Address:**

FEI Number: 59-3264026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRASOVAN, LOUIS A III  
35934 HWY 27  
HAINES CITY, FL 33844 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BRASOVAN, LOUIS A III  
Address: 35934 HWY 27  
City-St-Zip: HAINES CITY, FL 33844

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: LOUIS BRASOVAN

DP

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date