

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000074275

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** BRISTOL WEST INSURANCE SERVICES, INC. OF FLORIDA

**Current Principal Place of Business:**

5701 STIRLING ROAD  
ATTN:GREGORY HAMMOND, ESQ.  
DAVIE, FL 333147431

**New Principal Place of Business:**

**Current Mailing Address:**

5701 STIRLING ROAD  
ATTN:GREGORY HAMMOND, ESQ.  
DAVIE, FL 333147431

**New Mailing Address:**

**FEI Number:** 65-0616769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PD  
Name: SADLER, ROBERT  
Address: 5701 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

Title: SD  
Name: HAMMOND, GREGORY  
Address: 5701 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

Title: TD  
Name: SADLER, ROBERT  
Address: 5701 STIRLING ROAD  
City-St-Zip: DAVIE, FL 33314

Title: V  
Name: BURTCHE, DOUGLAS  
Address: 5701 STIRLING RD  
City-St-Zip: DAVIE, FL 33314

Title: V  
Name: STEINMAN, EDWARD J  
Address: 5701 STIRLING RD  
City-St-Zip: DAVIE, FL 33314

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: LYN FRITTER

DIR

02/07/2011

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

\_\_\_\_\_  
Date