

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000012052

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ALL LINES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1345 S MISSOURI AVE  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1393 FORESTEDGE BLVD  
OLDSMAR, FL 34677

**New Mailing Address:**

**FEI Number:** 65-0640080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKSON, MICHAEL B  
1393 FORESTEDGE BLVD  
OLDSMAR, FL 34677 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: D  
Name: CLARKSON, MICHAEL B  
Address: 1393 FORESTEDGGE BLVD  
City-St-Zip: OLDSMAR, FL 34677

Title: D  
Name: RAILEY, ANN  
Address: 1053 CANDLER ROAD  
City-St-Zip: CLEARWATER, FL 33765

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: MICHAEL CLARKSON

D

02/18/2010

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

\_\_\_\_\_ Date