2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

DOCUMENT# P96000086787

Entity Name: ACCOUNTFIRST INSURANCE SERVICES, INC.

Current Principal Place of Business:

4224 WEST HENDERSON BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4224 WEST HENDERSON BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3401300 **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 32301 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: HARDIN, HENRY C III
Address: 2435 TECH CENTER PARKWAY
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: S
Name: EDWARDS, WILLIAM
Address: 4224 WEST HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33629

Title: CFO
Name: HUBBARD, DEBRA
Address: 2435 TECH CENTER PARKWAY
City-St-Zip: LAWRENCEVILLE, GA 30043

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 EDWARDS S 03/20/2011

Electronic Signature of Signing Officer or Director Date