

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077508

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** RTI INSURANCE SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

2801-K ESTERO BLVD  
FT MYERS BEACH, FL 339313530

**New Principal Place of Business:**

6371 BUSINESS BLVD  
SUITE 200  
SARASOTA, FL 34240

**Current Mailing Address:**

2801-K ESTERO BLVD  
FT MYERS BEACH, FL 339313530

**New Mailing Address:**

6371 BUSINESS BLVD  
SUITE 200  
SARASOTA, FL 34240

**FEI Number:** 65-0779238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOVACS, KIM  
2801-K ESTERO BLVD  
FT MYERS BEACH, FL 339313530 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:** P  
**Name:** FOLINO, JOHN A  
**Address:** 2801-K ESTERO BLVD  
**City-St-Zip:** FT MYERS BEACH, FL 339313530

**Title:** VP  
**Name:** GODA, JOHN M  
**Address:** 2801-K ESTERO BLVD  
**City-St-Zip:** FT MYERS BCH, FL 33931

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:** JOHN FOLINO

P

04/29/2010

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

\_\_\_\_\_  
Date