

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090885

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

**Entity Name:** A NEW WAY INSURANCE, INC.

**Current Principal Place of Business:**

17004 SE HIGHWAY 19  
CROSS CITY, FL 32628 US

**New Principal Place of Business:**

16660 SE 19 HWY  
CROSS CITY, FL 32628 US

**Current Mailing Address:**

PO BOX 1650  
CROSS CITY, FL 32628 US

**New Mailing Address:**

**FEI Number:** 59-3473731      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LUSH, RAYMOND L  
4060 N W 20TH AVENUE  
BELL, FL 32619 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:** PT  
**Name:** LUSH, RAYMOND L  
**Address:** 4060 N W 20TH AVENUE  
**City-St-Zip:** BELL, FL 32619

**Title:** S  
**Name:** LUSH, KELDA E  
**Address:** 4060 N W 20TH AVENUE  
**City-St-Zip:** BELL, FL 32619

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: RAYMOND L LUSH

CEO

03/30/2012

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

\_\_\_\_\_  
Date