

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047247

FILED
Apr 30, 2009
Secretary of State

Entity Name: ACCURATE INSURANCE OF PALATKA, INC

Current Principal Place of Business:

831 HWY 19 SOUTH
SUITE 1
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

831 HWY 19 SOUTH
SUITE 1
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3518416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLWOOD, DIANA
439 SE PORT SAINT LUCIE BLVD
SUITE 117
PORT SAINT LUCIE, FL 34984 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 () Delete
Name: ELLWOOD, DIANA
Address: 439 SE PORT SAINT LUCIE BLVD SUITE 117
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: ELLWOOD, GARY F
Address: 3327 HATCHER ST
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ELLWOOD, GARY F
Address: 3327 HATCHER ST
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DIANA HARRISON ELLWOOD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date