

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047247

FILED  
May 06, 2010  
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:**

831 HWY 19 SOUTH  
PALATKA, FL 32177

**Current Mailing Address:**

831 HWY 19 SOUTH  
SUITE 1  
PALATKA, FL 32177

**New Mailing Address:**

831 HWY 19 SOUTH  
PALATKA, FL 32177

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: DIANA ELLWOOD

P

05/06/2010

Electronic Signature of Signing Officer or Director

Date