

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076648

FILED  
Jan 31, 2011  
Secretary of State

**Entity Name:** FLORIDA CONSOLIDATED AGENCY, INC.

**Current Principal Place of Business:**

500 NORTHPOINT PKWY  
STE 200  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

2222 COLONIAL RD  
STE 100  
FT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 65-0923329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLBUR, DAVID  
2222 COLONIAL RD  
STE 100  
FT PIERCE, FL 34950 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: P  
Name: COOK, TOM  
Address: 500 NORTHPOINT PARKWAY, STE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: WILLBUR, DAVID G  
Address: 2222 COLONIAL ROAD, STE 100  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP  
Name: PALMER, REBECCA A  
Address: 500 NORTHPOINTE PARKWAY, STE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VPTS  
Name: TOMASCIK, GEORGE J SR  
Address: 2222 COLONIAL ROAD, STE 100  
City-St-Zip: FORT PIERCE, FL 34950

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: JAMES R POKORNY

CPA

01/31/2011

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

\_\_\_\_\_  
Date