

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P98000076648

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6645 SOUTH US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

6645 SOUTH US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

**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:**

TOMASCIK, GEORGE  
6645 S US HWY 1  
PORT ST. LUCIE, FL 34952 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: 6645 SOUTH US HIGHWAY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP  
Name: PALMER, REBECCA A  
Address: 6645 SOUTH US HIGHWAY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPTS  
Name: TOMASCIK, GEORGE J SR  
Address: 6645 SOUTH US HIGHWAY 1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VP  
Name: AUSTIN, ERIC D  
Address: 6645 S. US HIGHWAY 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: GEORGE J TOMASCIK

VPTS

01/21/2012

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

\_\_\_\_\_  
Date