

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024836

FILED
Feb 10, 2012
Secretary of State

Entity Name: ELAINE MILLS INSURANCE, INC.

Current Principal Place of Business:

8877 SOUTH EAST 180 AVENUE ROAD
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

8877 SOUTH EAST 180 AVENUE ROAD
OCKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 59-3565660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, ELAINE L OWNER
8877 SOUTH EAST 180 AVENUE ROAD
OCKLAWAHA, FL 32179 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: O
Name: MILLS, ELAINE L OWNER
Address: 8877 SOUTH EAST 180 AVENUE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

Title: D
Name: MILLS, JONATHAN D
Address: 8877 SE 180 AVE ROAD
City-St-Zip: OCKLAWAHA, FL 32179

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: ELAINE L MILLS

O

02/10/2012

Electronic Signature of Signing Officer or Director

_____ Date