

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000041125

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** ALL FLORIDA INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3740 BEACH BLVD  
SUITE 102 A  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3740 BEACH BLVD  
SUITE 102 A  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3575404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEVIN S GREEN INC  
3617-2 CROWN POINT RD  
JACKSONVILLE, FL 32257 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:** PSD  
**Name:** POLOVINA, DAVID E  
**Address:** 3740 BEACH BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** VPTD  
**Name:** POLOVINA, LINDA T  
**Address:** 3740 BEACH BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32207

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:** DAVID POLOVINA

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04/27/2010

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

\_\_\_\_\_  
Date