

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000041125

FILED
Apr 27, 2011
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

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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04/27/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date