

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000050486

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** ASSURANCE RESIDENTIAL SERVICES, INC.

**Current Principal Place of Business:**

5105 ELLENDALE AVE.  
TAMPA, FL 33625

**New Principal Place of Business:**

1013 E. CHILKOOT AVENUE  
TAMPA, FL 33612

**Current Mailing Address:**

5105 ELLENDALE AVE.  
TAMPA, FL 33625

**New Mailing Address:**

1013 E. CHILKOOT AVENUE  
TAMPA, FL 33612

**FEI Number:** 59-3581031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISCHER, LIXLIA T  
5105 ELLENDALE AVE.  
TAMPA, FL 33625 US

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

FISCHER, LIXLIA T  
1013 E. CHILKOOT AVENUE  
TAMPA, FL 33612 US

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

04/06/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FISCHER, LIXLIA  
Address: 1013 E. CHILKOOT AVENUE  
City-St-Zip: TAMPA, FL 33612

Title: D  
Name: FISCHER, WILLIAM E  
Address: 1013 E. CHILKOOT AVENUE  
City-St-Zip: TAMPA, FL 33612

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: LIXLIA T. FISCHER

SECR

04/06/2012

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

\_\_\_\_\_  
Date