

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000050486

FILED
May 29, 2012
Secretary of State

Entity Name: ASSURANCE RESIDENTIAL SERVICES, INC.

Current Principal Place of Business:

1013 E. CHILKOOT AVENUE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1013 E. CHILKOOT AVENUE
TAMPA, FL 33612

New Mailing Address:

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

Title: VP/D
Name: HOGLE, BARRY
Address: 14014 N. 22ND SREET
City-St-Zip: TAMPA, FL 33613

Title: T/D
Name: FISCHER, AARON E
Address: 5105 ELLENDALE AVENUE
City-St-Zip: TAMPA, FL 33625

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: WILLIAM E. FISCHER

PRES

05/29/2012

Electronic Signature of Signing Officer or Director

Date