

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075113

Entity Name: C.A.R. INSURANCE, INC.

FILED  
Mar 24, 2010  
Secretary of State

**Current Principal Place of Business:**

17 OLD KINGS ROAD, NORTH  
SUITE R  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

17 OLD KINGS ROAD, NORTH  
SUITE J  
PALM COAST, FL 32137

**New Mailing Address:**

21 OLD KINGS ROAD, NORTH  
SUITE B102  
PALM COAST, FL 32137

FEI Number: 59-3594193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONSER, ANNA  
17 OLD KINGS ROAD, NORTH  
SUITE J  
PALM COAST, FL 32137 US

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

CONSER, ANNA G  
21 OLD KINGS ROAD, NORTH  
SUITE B102  
PALM COAST, FL 32137 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: ANNA G CONSER

03/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: CONSER, ROBERT W  
Address: 21 OLD KINGS ROAD, NORTH, SUITE B102  
City-St-Zip: PALM COAST, FL 32137

Title: VTD  
Name: CONSER, ANNA G  
Address: 21 OLD KINGS ROAD, NORTH, SUITE B102  
City-St-Zip: PALM COAST, FL 32137

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: ANNA G CONSER

VTD

03/24/2010

Electronic Signature of Signing Officer or Director

Date