

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000075892

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SECOND CITY INSURANCE CORP.

**Current Principal Place of Business:**

3345 US HWY 19  
HOLIDAY, FL 33622

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7711  
PHOENIX, AZ 85011

**New Mailing Address:**

9913 S 6TH PLACE  
PHOENIX, AZ 85042

**FEI Number:** 59-3596076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUCE S GOLDSTEIN, PA  
500 E KENNEDY BLVD SUITE 101-A  
TAMPA, FL 33602 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: PVPT  
Name: MOSS, HOWARD  
Address: 9913 S 6TH PLACE  
City-St-Zip: PHOENIX, AZ 85042

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: HOWARD MOSS

PRES

04/20/2011

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

\_\_\_\_\_  
Date