2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P99000090572

Entity Name: ASSOCIATES INSURANCE AGENCY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

11470 N 53 ST.
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

PO BOX 530157
ST PETERSBURG, FL 337470157

New Mailing Address:

FEI Number: 59-3604041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUENTES, LAWRENCE E ESQ.
1407 WEST BUSCH BOULEVARD
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: PD
Name: ROGERS, MICHAEL W
Address: 11470 N. 53RD STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: VD
Name: TURNER, JACLYN
Address: 11470 N. 53RD STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

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: JACLYN TURNER VD 01/24/2011

Electronic Signature of Signing Officer or Director — Date