

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S11115

**FILED**  
**May 25, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE OF SPRING HILL, INC.

**Current Principal Place of Business:**

6189 DELTONA BLVD  
SPRING HILL, FL 346061000 US

**New Principal Place of Business:**

2555 S. FRENCH AVE  
SANFORD, FL 32773 US

**Current Mailing Address:**

6189 DELTONA BLVD  
SPRING HILL, FL 346061000 US

**New Mailing Address:**

2555 S. FRENCH AVE  
SANFORD, FL 32773 US

**FEI Number:** 59-3033377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLAIR, TAMMY S P  
12212 GREENWOOD STREET  
BROOKSVILLE, FL 34613 US

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

LUCAS, DAWN M P  
214 TIMBERCOVE CIRCLE  
LONGWOOD, FL 32779 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: DAWN LUCAS

05/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUCAS, DAWN M P  
Address: 214 TIMBERCOVE CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

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: DAWN LUCAS

P

05/25/2010

Electronic Signature of Signing Officer or Director

Date