

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S33152

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CONTINUING EDUCATION INSURANCE SCHOOL OF FLORIDA, INC.

**Current Principal Place of Business:**

12360 US HWY 19  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

12360 US HWY 19  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 59-3042370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HULSE, EDWARD J JR.  
9850 HILLTOP DRIVE  
NEW PORT RICHEY, FL 34654 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  
Name: HULSE, EDWARD J JR.  
Address: 9850 HILLTOP DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: P  
Name: HULSE, EDWARD J JR.  
Address: 9850 HILLTOP DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: EDWARD J HULSE JR

P

02/15/2012

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

\_\_\_\_\_  
Date