

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S69863

Entity Name: CRAI INSURANCE, INC.

FILED  
Jan 07, 2011  
Secretary of State

## Current Principal Place of Business:

2248 AIRPORT RD S  
NAPLES, FL 34112

## New Principal Place of Business:

706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701

## Current Mailing Address:

745 ORIENTA AVE  
ALTAMONTE SPRINGS, FL 32701

## New Mailing Address:

706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 65-0277281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTER, LLOYD  
740 ORIENTA AVE. SUITE 1251  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

REGISTER, LLOYD E  
706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701 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: LLOYD E REGISTER

01/07/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DC  
Name: REGISTER, LLOYD  
Address: 507 E. FORESTWOOD CT.  
City-St-Zip: MAITLAND, FL 32701

Title: ST  
Name: REGISTER, SHARON L  
Address: 507 FORESTWOOD CT  
City-St-Zip: MAITLAND, FL 32751

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: LLOYD E REGISTER

CEO

01/07/2011

Electronic Signature of Signing Officer or Director

Date