2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2011
Secretary of State

DOCUMENT# V37504

Entity Name: G.A. RAINS INSURANCE AGENCY, INC.

Current Principal Place of Business:

2915 S. FEDERAL HWY.
FORT PIERCE, FL 349826335 US

New Principal Place of Business:

Current Mailing Address:

2915 S. FEDERAL HWY.
FORT PIERCE, FL 349826335 US

New Mailing Address:

FEI Number: 65-0336839 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAINS, GLENN A
7900 PLANTATION LAKES DRIVE
PORT SAINT LUCIE, FL 34986 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: RAINS, GLENN A.
Address: 2915 S. FEDERAL HWY.
City-St-Zip: FORT PIERCE, FL 349826335

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: GLENN RAINS PD 01/28/2011

Electronic Signature of Signing Officer or Director — Date