

1.) CORPORATION NAME:

**Cabrillo Coastal General Insurance Agency, Inc.**

DUE DATE: **2/21/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
INCRP SERVICES INC  
7288 HARBOR GREEN DR  
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1866815**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3700 NW 91ST ST #A100

CITY/ST/ZIP: GAINESVILLE, FL 32606-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MICHAEL MCNITT  
TITLE: PRESIDENT  
ADDRESS: 3700 NW 91ST ST #A100  
CITY/ST/ZIP/CO: GAINESVILLE, FL 32606-

OFFICER

DIRECTOR

NAME: ROGER MCNITT  
TITLE: DIRECTOR  
ADDRESS: 3700 NW 91ST ST #A100  
CITY/ST/ZIP/CO: GAINESVILLE, FL 32606-

OFFICER

DIRECTOR

NAME: JEANNE MCNITT  
TITLE: DIRECTOR  
ADDRESS: 3700 NW 91ST ST #A100  
CITY/ST/ZIP/CO: GAINESVILLE, FL 32606-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL MCNITT

MICHAEL MCNITT, PRESIDENT

2/21/2012

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE  
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.