

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 610206

Entity Name: ALL LINES INSURANCE AGENCY, INC.

Current Principal Place of Business:

4828 BLANDING BLVD.
SUITE 1
JACKSONVILLE, FL 32210

Current Mailing Address:

PO BOX 7339
JACKSONVILLE, FL 32238 US

FEI Number: 59-1878884

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARHAT, OMAR
4828 BLANDING BLVD
SUITE 1
JACKSONVILLE, FL 32210 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name FARHAT, OMAR
Address 4828 BLANDING BLVD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32210

Title VP, SECRETARY, TREASURER,
DIRECTOR
Name FARHAT, JANAN S
Address 4828 BLANDING BLVD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32210

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: OMAR S FARHAT

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date