

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27228

FILED
Jan 11, 2016
Secretary of State
CC4484035829

Entity Name: ROCHE SURETY AND CASUALTY COMPANY, INC.

Current Principal Place of Business:

4107 NORTH HIMES AVENUE - 2ND FLOOR
TAMPA, FL 33607

Current Mailing Address:

4107 NORTH HIMES AVENUE - 2ND FLOOR
TAMPA, FL 33607 US

FEI Number: 59-2136562

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTIN, MELISA M
4107 NORTH HIMES AVENUE - 2ND FLOOR
TAMPA, FL 33607 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 CEO
Name ROCHE, ARMANDO O
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name ROCHE, LINDA J
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title PD
Name ROCHE, SHANNON
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title SEC, TREASURER
Name MARTIN, MELISA
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title D
Name POLLOCK, GEORGE ASR
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title D
Name PRIDA, LOU
Address 1106 NORTH FRANKLIN STREET
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name POLLACK, GEORGE
Address 4107 NORTH HIMES AVENUE
2ND FLOOR
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PRIDA, ANDRES
Address 1106 NORTH FRANKLIN STREET
City-State-Zip: TAMPA FL 33619

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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: MELISA MARTIN

SECRETARY/TREASURER 01/11/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CABALLERO, JOSEPH
Address 4107 NORTH HIMES AVENUE
 2ND FLOOR
City-State-Zip: TAMPA FL 33607