

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F63419

**Entity Name:** KOYUTIS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8094 COTTONWOOD COURT  
SEMINOLE, FL 33776

**Current Mailing Address:**

8094 COTTONWOOD COURT  
SEMINOLE, FL 33776 US

**FEI Number:** 59-2145902

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAM C. KOYUTIS  
8094 COTTONWOOD COURT  
SEMINOLE, FL 33776 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 VS  
Name KOYUTIS, WILLIAM C  
Address 8094 COTTONWOOD COURT  
City-State-Zip: SEMINOLE FL 33776

Title PTD  
Name KOYUTIS, BARBARA L  
Address 8094 COTTONWOOD COURT  
City-State-Zip: SEMINOLE FL 33776

Title VP  
Name THOMAS, KIRSTEN  
Address 8095 WILLOW COURT  
City-State-Zip: SEMINOLE FL 33776

*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:** BARBARA KOYUTIS

**PRESIDENT**

**03/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date