

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F85922

**Entity Name:** MIKE ELLIOTT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

401 LAKE HOWELL ROAD  
MAITLAND, FL 32751-5906

**Current Mailing Address:**

401 LAKE HOWELL ROAD  
MAITLAND, FL 32751-5906 US

**FEI Number: 59-2192004**

**Certificate of Status Desired: Yes**

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

ELLIOTT, MICHAEL L  
401 LAKE HOWELL ROAD  
MAITLAND, FL 32751-5906 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 DVP  
Name ELLIOTT, MICHAEL L  
Address 401 LAKE HOWELL ROAD  
City-State-Zip: MAITLAND FL 32751-5906

Title TS  
Name ELLIOTT, JOAN K.  
Address 401 LAKE HOWELL ROAD  
City-State-Zip: MAITLAND FL 32751-5906

Title P  
Name ELLIOTT, TODD L  
Address 401 LAKE HOWELL ROAD  
City-State-Zip: MAITLAND FL 32751-5906

Title VP  
Name FORRESTAL, MICHELLE E  
Address 401 LAKE HOWELL RD  
City-State-Zip: MAITLAND FL 32751-5906

*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: MICHAEL L ELLIOTT**

**DVP**

**03/02/2017**

Electronic Signature of Signing Officer/Director Detail

Date