

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31891

Entity Name: INSURANCE OFFICE OF AMERICA, INC.**Current Principal Place of Business:**1855 W. STATE ROAD 434
LONGWOOD, FL 32750**Current Mailing Address:**1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US**FEI Number:** 59-2472656**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** CORPORATION SERVICE COMPANY

04/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO, TREASURER, DIRECTOR
Name MEYERS, THOMAS
Address 1855 W. STATE ROAD 434
City-State-Zip: LONGWOOD FL 32750

Title DIRECTOR
Name RITENOUR, HEATH
Address 1855 WEST SR 434
City-State-Zip: LONGWOOD FL 32750

Title PRESIDENT
Name LAGOS, JEFFREY
Address 1855 WEST STATE ROAD 434
City-State-Zip: LONGWOOD FL 32750

Title SECRETARY
Name WICK, JOHN
Address 1855 W. STATE ROAD 434
City-State-Zip: LONGWOOD FL 32750

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: JOHN WICK

SECRETARY

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date