

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K02214

Entity Name: OUR TOWN INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6201 PRESIDENTIAL COURT
FORT MYERS, FL 33919

Current Mailing Address:

843 ALDER CREEK DR SUITE A
MEDFORD, OR 97504

FEI Number: 65-0017014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name GOTT, DENISE
Address 5110 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title TREASURER, CFO, DIRECTOR
Name MAURITZEN, ANDREW
Address 5110 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

Title VP, SECRETARY
Name DEHN, KEN
Address 5110 CARILLON POINT
City-State-Zip: KIRKLAND WA 98033

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: DENISE GOTT

MANAGER

02/05/2017

Electronic Signature of Signing Officer/Director Detail

Date