

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35010

Entity Name: ROD K. MABE INSURANCE AGENCY, INCORPORATED

Current Principal Place of Business:

5493 WILES ROAD
SUITE 102
COCONUT CREEK, FL 33073-4219

Current Mailing Address:

5493 WILES ROAD
SUITE 102
COCONUT CREEK, FL 33073-4219

FEI Number: 65-0096798

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COYNE, DANIEL CPA
9754 W. SAMPLE RD
CORAL SPRINGS, FL 33065 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 PRES
Name MABE, ROD K
Address 5493 WILES ROAD
City-State-Zip: COCONUT CREEK FL 33073-4219

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: ROD K. MABE

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date