

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L56961

**FILED  
Apr 11, 2014  
Secretary of State  
CC0681301603**

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

**Current Principal Place of Business:**

1463 OAKFIELD DR  
STE 128  
BRANDON, FL 33511

**Current Mailing Address:**

P. O. BOX 3066  
BRANDON, FL 33509 US

**FEI Number: 59-3001854**

**Certificate of Status Desired: Yes**

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

ALLEMAN, PATRICIA JOY  
1463 OAKFIELD DR.  
STE. 128  
BRANDON, FL 33511 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	D	Title	VP
Name	ALLEMAN, PATRICIA J	Name	ALLEMAN, JOSEPH
Address	1911 LAKEVIEW DRIVE	Address	1911 LAKEVIEW DRIVE
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511
Title	SECRETARY/TREASURER		
Name	CELLON, MELISSA A		
Address	1131 SPLIT SILK STREET		
City-State-Zip:	VALRICO FL 33594		

*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: PATRICIA J. ALLEMAN**

**PRESIDENT**

**04/11/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date