

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057948

Entity Name: KIM STANLEY INSURANCE & FINANCIAL SERVICES, INC.

Current Principal Place of Business:

13834 FOUR WINDS COURT
JACKSONVILLE, FL 32224

Current Mailing Address:

13834 FOUR WINDS COURT
JACKSONVILLE, FL 32224 US

FEI Number: 59-3402355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STANLEY, KIM
13834 FOUR WINDS COURT
JACKSONVILLE, FL 32224 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 PVP
Name STANLEY, KIM
Address 13834 FOUR WINDS COURT
City-State-Zip: JACKSONVILLE FL 32224

Title SECY
Name STANLEY, NESHA D
Address 13834 FOUR WINDS COURT
City-State-Zip: JACKSONVILLE FL 32224

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: KIM R STANLEY

PVP

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date