

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

Entity Name: COMPLETE INSURANCE SOURCE, INC.

Current Principal Place of Business:

101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801

FILED
Feb 23, 2015
Secretary of State
CC2498876117

Current Mailing Address:

101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801 US

FEI Number: 59-3673631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STREUFERT, SHANE
101 S.GARLAND AVENUE
SUITE 203
ORLANDO, FL 32801 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 SCOTT, CARVER
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title CEO
Name WILLIAMS, DAYNE
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title SEC
Name SHANE, STREUFERT
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title CFO
Name STREUFERT, SHANE
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

Title TREA
Name SHANE, STREUFERT
Address 101 S.GARLAND AVENUE, SUITE 203
City-State-Zip: ORLANDO FL 32801

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: SHANE STREUFERT

**CFO/VP/SECRETARY/TRE 02/23/2015
ASURER**

Electronic Signature of Signing Officer/Director Detail

Date