

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000081125

**Entity Name:** COMPLETE INSURANCE SOURCE, INC.

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC8170860266**

**Current Principal Place of Business:**

101 S.GARLAND AVENUE  
SUITE 203  
ORLANDO, FL 32801

**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**

**01/26/2016**

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

\_\_\_\_\_  
Date