

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081125

Entity Name: COMPLETE INSURANCE SOURCE, INC.

FILED
Feb 20, 2014
Secretary of State
CC4100428027

Current Principal Place of Business:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801

Current Mailing Address:

111 W. JEFFERSON STREET
SUITE 100
ORLANDO, FL 32801 US

FEI Number: 59-3673631

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STREUFERT, SHANE
111 W JEFFERSON STREET
SUITE 100
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 111 W. JEFFERSON STREET SUITE
 100
City-State-Zip: ORLANDO FL 32801

Title CEO
Name WILLIAMS, DAYNE
Address 111 W. JEFFERSON STREET SUITE
 100
City-State-Zip: ORLANDO FL 32801

Title SEC
Name SHANE, STREUFERT
Address 111 W. JEFFERSON STREET SUITE
 100
City-State-Zip: ORLANDO FL 32801

Title CFO
Name STREUFERT, SHANE
Address 111 W. JEFFERSON STREET, SUITE
 100
City-State-Zip: ORLANDO FL 32801

Title TREA
Name SHANE, STREUFERT
Address 111 W. JEFFERSON STREET, SUITE
 100
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

02/20/2014

Electronic Signature of Signing Officer/Director Detail

Date