

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028710

Entity Name: ABSOLUTE INSURANCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

3005 S FEDERAL HWY
DELRAY BEACH, FL 33483

Current Mailing Address:

3005 S FEDERAL HWY
DELRAY BEACH, FL 33483

FEI Number: 65-1088344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAIBLE, DEAN J
12565 TIMBERPINE TRAIL
WELLINGTON, FL 33414 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 P
Name LAIBLE, DEAN J
Address 12565 TIMBERPINE TRAIL
City-State-Zip: WELLINGTON FL 33414

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: DEAN LAIBLE

PRESIDENT

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date