# DOCUMENT# P01000028710

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### 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

## 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

## Officer/Director Detail :

TitlePNameLAIBLE, DEAN JAddress12565 TIMBERPINE TRAILCity-State-Zip:WELLINGTION FL 33414

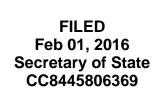
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date