

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110419

Entity Name: SCOTT CAMERON INSURANCE AGENCY, INC.

Current Principal Place of Business:

5355 SW COLLEGE ROAD
OCALA, FL 34474

Current Mailing Address:

5355 SW COLLEGE ROAD
OCALA, FL 34474

FEI Number: 56-2307033

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAMERON, SCOTT
5355 SW COLLEGE ROAD
OCALA, FL 34474 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 CAMERON, SCOTT J
Address 5355 SW COLLEGE ROAD
City-State-Zip: Ocala FL 34471

Title SEC
Name CAMERON, KAREN
Address 5010 SW 2ND AVE
City-State-Zip: Ocala FL 34471

Title DIR
Name CAMERON, TYLER
Address 5010 SW 2ND AVENUE
City-State-Zip: Ocala FL 34471

Title DIR
Name CAMERON, ALEXANDER
Address 5010 SW 2ND AVENUE
City-State-Zip: Ocala FL 34471

Title DIR
Name CAMERON, SAVANNAH
Address 5010 SW 2ND AVENUE
City-State-Zip: Ocala FL 34471

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: SCOTT J CAMERON

PRESIDENT

01/26/2015

Electronic Signature of Signing Officer/Director Detail

Date