# 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: REUBEN H JOHNSON, JR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P02000133299

Entity Name: CENTRAL INSURANCE AGENCY, INC.

#### **Current Principal Place of Business:**

2355 S RIDGEWOOD AVENUE SUITE A SOUTH DAYTONA, FL 32119

### **Current Mailing Address:**

P.O. BOX 214318 SOUTH DAYTONA, FL 32121 US

## FEI Number: 54-2088109

### Name and Address of Current Registered Agent:

JOHNSON, REUBEN H JR. 2355 S RIDGEWOOD AVENUE SUITE A SOUTH DAYTONA, FL 32119 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	: REUBEN H JOHNSON JR			02/06/2013
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	Ρ	Title	VP	
	Name	JOHNSON, REUBEN H JR	Name	JOHNSON, JUDY A	
	Address	2355 S RIDGEWOOD AVE SUITE A	Address	4316 HALIFAX DR	
	City-State-Zip:	SOUTH DAYTONA FL 32119	City-State-Zip:	PORT ORANGE FL 32127	
	Title	SC			
	Name	JOHNSON, JULIE A			
	Address	45 GOLDEN GATE CIRCLE			
	City-State-Zip:	DAYTONA BEACH SHORES FL 32127			

PRESIDENT

02/06/2013

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FILED Feb 06, 2013 Secretary of State CC3891355128

Certificate of Status Desired: No

Date