

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000003967

**Entity Name:** KATHY SCOTT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**FEI Number:** 02-0663666

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCOTT, KATHY CLU  
6018 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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 SCOTT, KATHY  
Address 6018 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name RODRIGUEZ, MARINO RJR  
Address 700 PEPPERVINE AVE  
City-State-Zip: JACKSONVILLE FL 32259

*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:** KATHY SCOTT

CLU

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date