

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035557

Entity Name: ALPHA & OMEGA INSURANCE OF NAPLES INC.

Current Principal Place of Business:

12355 COLLIER BLVD SUITE B
NAPLES, FL 34116

Current Mailing Address:

12355 COLLIER BLVD SUITE B
NAPLES, FL 34116

FEI Number: 90-0065187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, MAYRA E
3626 13TH AVE SW
NAPLES, FL 34117 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 PSTD
Name PEREZ, MAYRA E
Address 3626 13TH AVE SW
City-State-Zip: NAPLES FL 34117

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: MAYRA PEREZ

PRESIDENT

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date