

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000047269

**Entity Name:** HERSH INSURANCE COMPANY

**Current Principal Place of Business:**

13418 US HIGHWAY 19 N  
HUDSON, FL 34667

**Current Mailing Address:**

13418 US HIGHWAY 19 N  
HUDSON, FL 34667

**FEI Number:** 04-3758151

**Certificate of Status Desired:** No

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

HERSH, CAROLYN R  
13418 US HWY 19 NORTH  
HUDSON, FL 34667 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            HERSH, CAROLYN  
Address        13418 US HIGHWAY 19 N  
City-State-Zip: HUDSON FL 34667

*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:** CAROLYN HERSH

**PRESIDENT**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date