

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000049092

**Entity Name:** SENIRAM INSURANCE, INC.

**Current Principal Place of Business:**

151 FIRST STREET - SOUTH, SUITE D  
WINTER HAVEN, FL 33882

**Current Mailing Address:**

120 SYLVANA CT.  
AUBURNDALE, FL 33823

**FEI Number:** 58-2669780

**Certificate of Status Desired:** No

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

READ, JOHNNY MSR.  
120 SYLVANA COURT  
AUBURNDALE, FL 33823 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/S  
Name READ, JOHNNY MSR.  
Address 120 SYLVANA COURT  
City-State-Zip: AUBURNDALE FL 33823

Title V  
Name READ, JOHNNY MJR  
Address 718 LAKE ELOISE PLACE  
City-State-Zip: WINTER HAVEN FL 33884

Title T  
Name READ, LINDA F  
Address 120 SYLVANA COURT  
City-State-Zip: AUBURNDALE FL 33823

*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:** JOHNNY M. READ, JR.

VP

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date