

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058408

Entity Name: GALT INSURANCE GROUP, INC.

Current Principal Place of Business:

900 5 AVE S #201
NAPLES, FL 34102

Current Mailing Address:

900 5 AVE S #201
NAPLES, FL 34102

FEI Number: 20-0949107

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALT, CHRISTIAN R
337 TRADE WINDS AVE
NAPLES, FL 34108 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 DPS
Name GALT, CHRISTIAN
Address 337 TRADE WINDS AVE
City-State-Zip: NAPLES FL 34108

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: CHRISTIAN GALT

OWNER

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date