

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000028407

**Entity Name:** AMERICAN SAFETY COUNCIL - INSURANCE DIVISION, INC.

**FILED**  
**Mar 13, 2014**  
**Secretary of State**  
**CC9318997957**

**Current Principal Place of Business:**

5125 ADANSON ST  
500  
ORLANDO, FL 32804

**Current Mailing Address:**

5125 ADANSON ST  
500  
ORLANDO, FL 32804 US

**FEI Number:** 20-2401220

**Certificate of Status Desired:** No

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

PAGE, THOMAS P  
5125 ADANSON ST  
500  
ORLANDO, FL 32804 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           CEOT  
Name           PAGE, THOMAS P  
Address        5125 ADANSON ST #500  
City-State-Zip: ORLANDO FL 32804

Title           PSD  
Name           PROECHEL, ROBERT W  
Address        5125 ADANSON ST #500  
City-State-Zip: ORLANDO FL 32804

Title           DIR  
Name           PAGE, THOMAS P  
Address        5125 ADANSON ST #500  
City-State-Zip: ORLANDO FL 32804

Title           AS  
Name           ENLOW, KENNETH L  
Address        5125 ADANSON ST #500  
City-State-Zip: ORLANDO FL 32804

*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:** THOMAS PAGE

**CEO**

**03/13/2014**

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

Date