

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062893

Entity Name: MATRIX INSURANCE AGENCY, INC.

Current Principal Place of Business:

530 PARK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

530 PARK STREET
JACKSONVILLE, FL 32204

FEI Number: 20-2794259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPADAFORA, JEFFREY L
530 PARK STREET
JACKSONVILLE, FL 32204 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 DPST
Name SPADAFORA, JEFFREY L
Address 530 PARK STREET
City-State-Zip: JACKSONVILLE FL 32204

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: JEFFREY L SPADAFORA

PRESIDENT

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date