2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2014
Secretary of State
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Entity Name: NOLAN FAMILY INSURANCE AGENCY, INC.

Current Principal Place of Business:

301 W. MARION AVENUE
PUNTA GORDA, FL 33950

Current Mailing Address:

301 W. MARION AVENUE
PUNTA GORDA, FL 33950

FEI Number: 20-4394058

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCRORY LAW FIRM, PL
150 LAISHLEY COURT, SUITE 122
PUNTA GORDA, FL 33950 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	DPTS
Name	NOLAN, JAMES HIII
Address	NOLAN FAMILY INSURANCE, 301 W. MARION AVE
City-State-Zip:	PUNTA GORDA FL 33950

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: JAMES NOLAN PRESIDENT 04/16/2014

Electronic Signature of Signing Officer/Director Detail — Date