2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2014
Secretary of State
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Entity Name: BLANCHARD INSURANCE, INC.

Current Principal Place of Business:

407 WEKIVA SPRING RD
#255
LONGWOOD, FL 32779

Current Mailing Address:

407 WEKIVA SPRING RD
#255
LONGWOOD, FL 32779

FEI Number: 26-2774750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TONSETIC, MICHAEL L PDT
407 WEKIVA SPRINGS RD #255
LONGWOOD, FL 32779 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	PDT	Title	VPDS
Name	TONSETIC, MICHAEL LPD	Name	BLANCHARD, CHARLENE EVP,D
Address	407 WEKIVA SPRING RD # 255	Address	407 WEKIVA SPRING RD # 255
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

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: MICHAEL TONSETIC PRESIDENT 04/21/2014

Electronic Signature of Signing Officer/Director Detail — Date