

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000092623

**Entity Name:** KATHLEEN VAN WIERINGEN INSURANCE AGENCY, INC.

**FILED**  
**Apr 20, 2015**  
**Secretary of State**  
**CC6685851064**

**Current Principal Place of Business:**

6250 LANTANA ROAD  
8  
LAKE WORTH, FL 33463

**Current Mailing Address:**

6250 LANTANA ROAD  
8  
LAKE WORTH, FL 33463 US

**FEI Number: 26-0832178**

**Certificate of Status Desired: No**

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

VAN WIERINGEN, KATHLEEN  
6250 LANTANA ROAD  
8  
LAKE WORTH, FL 33463 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:** KATHLEEN VAN WIERINGEN

04/20/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name VAN WIERINGEN, KATHLEEN A  
Address 6250 LANTANA ROAD  
8  
City-State-Zip: LAKE WORTH FL 33463

*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:** KATHLEEN VAN WIERINGEN

**PRESIDENT**

04/20/2015

Electronic Signature of Signing Officer/Director Detail

Date