

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125009

Entity Name: CENTRAL FLORIDA REGIONAL INSURANCE, INC.

Current Principal Place of Business:

7753 W WATERS AVENUE
TAMPA, FL 33615

Current Mailing Address:

7753 W WATERS AVENUE
TAMPA, FL 33615

FEI Number: 59-3368336

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHAMEHDI, SADEGH M
7753 W WATERS AVENUE
TAMPA, FL 33615 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 P
Name SHAMEHDI, SADEGH M
Address 7753 W WATERS AVENUE
City-State-Zip: TAMPA FL 33615

Title VP
Name SHAMEHDI, CARISSA
Address 7753 W WATERS AVENUE
City-State-Zip: TAMPA FL 33615

Title S
Name SHAMEHDI, CARISSA
Address 7753 W WATERS AVENUE
City-State-Zip: TAMPA FL 33615

Title T
Name SHAMEHDI, CORINNE
Address 7753 W WATERS AVENUE
City-State-Zip: TAMPA FL 33615

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: CARISSA SHAMEHDI

VP

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date