

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000125009

**FILED**  
**Feb 18, 2019**  
**Secretary of State**  
**2855209458CC**

**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 DE DI, DEBRA LAURIE  
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:** SADEGH M. SHAMEHDI

**PRESIDENT**

**02/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date