

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000006813

**Entity Name:** KERR INSURANCE INC.

**Current Principal Place of Business:**

2300 WEST SAMPLE ROAD  
SUITE 206  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

2300 WEST SAMPLE ROAD  
SUITE 206  
POMPANO BEACH, FL 33073

**FEI Number:** 26-1765658

**Certificate of Status Desired:** No

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

KERR, DARREN RP  
2300 WEST SAMPLE ROAD  
SUITE 206  
POMPANO BEACH, FL 33073 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 KERR, DARREN RP  
Address 2300 WEST SAMPLE ROAD #206  
City-State-Zip: POMPANO BEACH FL 33073

Title VP  
Name KERR, SUSAN  
Address 2300 WEST SAMPLE ROAD #206  
City-State-Zip: POMPANO BEACH FL 33073

*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:** DARREN KERR

**PRESIDENT**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date