

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045978

Entity Name: INSURANCE CENTER OF CONNERTON INC

Current Principal Place of Business:

6943 LAND O LAKES BLVD
LAND O LAKES, FL 34638

Current Mailing Address:

PO BOX 915
LAND O LAKES, FL 34639

FEI Number: 45-0595270

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLAGHER, JUDITH
6943 LAND O LAKES BLVD
LAND O LAKES, FL 34638 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 GALLAGHER, JUDITH
Address 6943 LAND O LAKES BLVD
City-State-Zip: LAND O LAKES FL 34638

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: JUDITH GALLAGHER

PRESIDENT

02/24/2014

Electronic Signature of Signing Officer/Director Detail

Date