

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062867

Entity Name: CRAIG C. BOST INSURANCE, INC.

Current Principal Place of Business:

10 SW 7TH ST
WILLISTON, FL 32696

Current Mailing Address:

10 SW 7TH ST
WILLISTON, FL 32696

FEI Number: 26-3612115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOST, CRAIG C.
10 SW 7TH ST
WILLISTON, FL 32696 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 D
Name BOST, CRAIG C.
Address 10 SW 7TH ST
City-State-Zip: WILLISTON FL 32696

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: CRAIG C. BOST INSURANCE INC

OFFICER

02/18/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date