

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069458

**FILED  
Jun 23, 2015  
Secretary of State  
CC6498049271**

**Entity Name:** FAINE, FINWALL, & CAMPBELL INSURANCE, INC

**Current Principal Place of Business:**

135 W. CENTRAL BLVD STE 480  
ORLANDO, FL 32801-2478

**Current Mailing Address:**

135 W. CENTRAL BLVD STE 480  
ORLANDO, FL 32801-2478 US

**FEI Number: 41-2280878**

**Certificate of Status Desired: No**

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

CAMPBELL, MAURICE W  
135 W CENTRAL BLVD STE 480  
ORLANDO, FL 32801-2478 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 CAMPBELL, MAURICE  
Address 135 W CENTRAL BLVD STE 480  
City-State-Zip: ORLANDO FL 32801-2478

Title VP  
Name TFG IRON LION  
Address 135 W CENTRAL BLVD STE 480  
City-State-Zip: ORLANDO FL 32801

Title PD  
Name FINWALL, THOMAS JOSEPH  
Address 815 E. CONCORD ST.  
City-State-Zip: ORLANDO FL 32803

*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: MAURICE CAMPBELL**

**COO**

**06/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date