

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088529

Entity Name: TRU AUTO INSURANCE, INC.

Current Principal Place of Business:

349 N.W. 16TH ST., STE 108
BELLE GLADE, FL 33430

Current Mailing Address:

PO BOX 384
BELLE GLADE, FL 33430

FEI Number: 80-0289070

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BRYANT, SABRINA K
349 N.W. 16TH ST., STE 108
BELLE GLADE, FL 33430 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 PD
Name BRYANT, SABRINA K
Address 349 N.W. 16TH ST., STE 108
City-State-Zip: BELLE GLADE FL 33430

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: SABRINA BRYANT

PD

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date