

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110740

**Entity Name:** EGI INSURANCE SERVICES (FLORIDA), INC.

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC1065241213**

**Current Principal Place of Business:**

260 WEKIVA SPRINGS ROAD  
2060  
LONGWOOD, FL 32779

**Current Mailing Address:**

260 WEKIVA SPRINGS ROAD  
2060  
LONGWOOD, FL 32779

**FEI Number: 26-4055514**

**Certificate of Status Desired: No**

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

MILLER, TRAVIS  
301 S. BRONOUGH ST., SUITE 200  
TALLAHASSEE, FL 32301 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:** TRAVIS MILLER

01/10/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PETCOFF, ANDREW D  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY  
Name            PETCOFF, NICHOLAS J  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            PETCOFF, JAMES G  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            TREASURER  
Name            RONEY, BRIAN J  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            PETCOFF, ANDREWS D  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            PETCOFF, NICHOLAS J  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

Title            DIRECTOR  
Name            RONEY, BRIAN J  
Address        260 WEKIVA SPRINGS ROAD  
                  2060  
City-State-Zip: LONGWOOD FL 32779

*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:** ANDREW PETCOFF

**PRESIDENT**

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date