**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 15, 2016**
**Secretary of State**
**CC7160035634**

DOCUMENT# P09000007886

**Entity Name:** SOLES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

711 E. MAIN STREET
STE #1
HAINES CITY, FL 33844

**Current Mailing Address:**

711 E. MAIN STREET
STE #1
HAINES CITY, FL 33844 US

**FEI Number: 26-4426121**

**Certificate of Status Desired:** No

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

SOLES, JONATHAN V
3075 E. BAKER DAIRY RD.
HAINES CITY, FL 33844 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 | SOLES, JONATHAN V |
| Address | 3075 E. BAKER DAIRY RD. |
| City-State-Zip: | HAINES CITY FL 33844 |

*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: JONATHAN V. SOLES PRESIDENT 01/15/2016

Electronic Signature of Signing Officer/Director Detail — Date