

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Title VP
Name SOLES, JOHN HARVEY
Address 711 E. MAIN STREET
STE #1
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY
Name SOLES, JOANN LISA
Address 711 E. MAIN STREET
STE #1
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 VAN SOLES

PRESIDENT

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date