

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000097922

Entity Name: CENTURY RISK INSURANCE SERVICES, INC.**Current Principal Place of Business:**14050 NW 14 STREET
SUITE 180
SUNRISE, FL 33323**Current Mailing Address:**14050 NW 14 STREET
SUITE 180
SUNRISE, FL 33323 US**FEI Number:** 27-1431854**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BRAUN, MICHAEL H
14050 NW 14 STREET
SUITE 180
SUNRISE, FL 33323 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:** MICHAEL H BRAUN

01/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name FEST, SCOTT D
Address 14050 NW 14 STREET, SUITE 180
City-State-Zip: SUNRISE FL 33323

Title TREASURER
Name FERNANDEZ, ERICK A
Address 14050 NW 14 STREET, SUITE 180
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name JENNINGS, JAMES G III
Address 14050 NW 14 STREET, SUITE 180
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name YOUNG, STEPHEN C
Address 14050 NW 14 STREET, SUITE 180
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BRAUN, MICHAEL H
Address 14050 NW 14 STREET, SUITE 180
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name JENNINGS, JAMES G III
Address 14050 NW 14 STREET
 SUITE 180
City-State-Zip: SUNRISE FL 33323

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: JAMES G JENNINGS III**SECRETARY**

01/10/2020

Electronic Signature of Signing Officer/Director Detail

Date