

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000013952

Entity Name: HIGHPOINT INSURANCE AGENCY, INC.

Current Principal Place of Business:

4114 SUNBEAM ROAD,SUITE 101
JACKSONVILLE, FL 32257

Current Mailing Address:

4114 SUNBEAM ROAD,SUITE 101
JACKSONVILLE, FL 32257

FEI Number: 27-1938334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPADAFORA, JEFFREY
4114 SUNBEAM ROAD SUITE 101
JACKSONVILLE, FL 32257 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 PRESIDENT
Name SPADAFORA, JEFFREY L
Address 4114 SUNBEAM ROAD
 101
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name SPADAFORA, XIOMARA
Address 4114 SUNBEAM ROAD,SUITE 101
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name HULL, RONALD K
Address 4114 SUNBEAM ROAD,SUITE 101
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name HULL, PATRICIA
Address 4114 SUNBEAM ROAD,SUITE 101
City-State-Zip: JACKSONVILLE FL 32257

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: XIOMARA SPADAFORA

VP

02/12/2014

Electronic Signature of Signing Officer/Director Detail

Date