

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000013952

**FILED
Jan 18, 2013
Secretary of State
CC2334021266**

Entity Name: HIGHPOINT INSURANCE AGENCY, INC.

Current Principal Place of Business:

530 PARK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

530 PARK STREET
JACKSONVILLE, FL 32204

FEI Number: 27-1938334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPADAFORA, JEFFREY
530 PARK STREET
JACKSONVILLE, FL 32204 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 CEO
Name SPADAFORA, JEFFREY L
Address 530 PARK STREET
City-State-Zip: JACKSONVILLE FL 32204

Title P
Name SPADAFORA, JEFFREY L
Address 530 PARK STREET
City-State-Zip: JACKSONVILLE FL 32204

Title S, T
Name SPADAFORA, JEFFREY L
Address 530 PARK STREET
City-State-Zip: JACKSONVILLE FL 32204

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: JEFFREY L SPADAFORA

PRESIDENT

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date