

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000029255

**Entity Name:** 400 GROUP OF INSURANCE AND FINANCIAL PROFESSIONALS, INC.

**FILED**  
**Apr 24, 2013**  
**Secretary of State**  
**CC8295342474**

**Current Principal Place of Business:**

8160 BAYMEADOWS WAY W  
SUITE 170  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8160 BAYMEADOWS WAY W  
SUITE 170  
JACKSONVILLE, FL 32256

**FEI Number: 27-2171083**

**Certificate of Status Desired: No**

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

DORRIEN, BRIAN J  
8160 BAYMEADOWS WAY W  
110  
JACKSONVILLE, FL 32256 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            PRES  
Name            DORRIEN, BRIAN J  
Address        8160 BAYMEADOWS WAY W  
City-State-Zip: JACKSONVILLE FL 32256

Title            SEC  
Name            SWANN, CLAUDE EDWARD  
Address        8160 BAYMEADOWS WAY W  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            VAN DE KAMP, SUZANNE  
Address        8160 BAYMEADOWS WAY W  
                  170  
City-State-Zip: JACKSONVILLE FL 32256

*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: BRIAN J DORRIEN**

**PRESIDENT**

**04/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date