

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000042913

**Entity Name:** FINANCIAL & INSURANCE MANAGEMENT RESOURCES, INC.

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9023764184**

**Current Principal Place of Business:**

1110 WEST COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**Current Mailing Address:**

1110 WEST COMMERCIAL BLVD  
FT LAUDERDALE, FL 33309

**FEI Number: 27-4334585**

**Certificate of Status Desired: No**

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

MILLER, TRAVIS L  
301 SOUTH BRONOUGH STREET STE 200  
TALLAHASSEE, FL 32301 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            DOWNES, SEAN P  
Address        1110 W COMMERCIAL BLVD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title            PRESIDENT  
Name            SPRINGER, JON W  
Address        1110 WEST COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

Title            SECRETARY  
Name            DONAGHY, STEPHEN J  
Address        1110 WEST COMMERCIAL BLVD  
City-State-Zip: FT LAUDERDALE FL 33309

*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: SEAN DOWNES**

**CEO**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date