

2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P10000045649

Entity Name: HBS INSURANCE OF CENTRAL FLORIDA INC**Current Principal Place of Business:**4095 B COUNTY RD. 106
OXFORD, FL 34484**Current Mailing Address:**P.O. BOX 264
OXFORD, FL 34484**FEI Number:** 27-2751798**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PLENTZ, BARBARA A
2264 WILLOW GROVE WAY
THE VILLAGES, FL 32162 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:** BARBARA A. PLENTZ

07/17/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GRABE, JONATHAN
Address	4095 B COUNTY RD. 106
City-State-Zip:	OXFORD FL 34484

Title	VP
Name	GRABE, WENDY
Address	4095 B COUNTY RD. 106
City-State-Zip:	OXFORD FL 34484

Title	COO
Name	PLENTZ, BARBARA A
Address	4095 B COUNTY RD. 106
City-State-Zip:	OXFORD FL 34484

Title	CFO
Name	SIGNORETTI, TONI J
Address	4095 B COUNTY RD. 106
City-State-Zip:	OXFORD FL 34484

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: BARBARA A. PLENTZ

COO

07/17/2013

Electronic Signature of Signing Officer/Director Detail

Date