

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000045649

Entity Name: HBS INSURANCE OF CENTRAL FLORIDA INC**Current Principal Place of Business:**2264 WILLOW GROVE WAY
THE VILLAGES, FL 32162**Current Mailing Address:**2264 WILLOW GROVE WAY
THE VILLAGES, FL 32162 US**FEI Number:** 27-2751798**Certificate of Status Desired:** No**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

03/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	BARBARA A. PLENTZ
Address	2264 WILLOW GROVE WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	COO
Name	PLENTZ, BARBARA A
Address	2264 WILLOW GROVE WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	VP
Name	TONI J. SIGNORETTI
Address	2264 WILLOW GROVE WAY
City-State-Zip:	THE VILLAGES FL 32162

Title	CFO
Name	SIGNORETTI, TONI J
Address	2264 WILLOW GROVE WAY
City-State-Zip:	THE VILLAGES FL 32162

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

PRESIDENT

03/07/2014

Electronic Signature of Signing Officer/Director Detail

Date