

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000040933

Entity Name: PRIDE INSURANCE, INC.

Current Principal Place of Business:

5120 S FLORIDA AVE
306
LAKELAND, FL 33813

Current Mailing Address:

5120 S FLORIDA AVE
306
LAKELAND, FL 33813

FEI Number: 32-0340583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STREETS, AMANDA F
5120 S FLORIDA AVE
306
LAKELAND, FL 33813 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 P
Name STREETS, AMANDA
Address 6214 ELM SQ E
City-State-Zip: LAKELAND FL 33813

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: AMANDA STREETS

OWNER

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date