

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000100105

**Entity Name:** BARRY INSURANCE INC

**Current Principal Place of Business:**

1654 BRUCE B DOWNS BLVD  
SUITE B  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

1654 BRUCE B DOWNS BLVD  
SUITE B  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 45-3864822

**Certificate of Status Desired:** No

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

BARRY, MARK S  
231 SPRING LAKE HIGHWAY  
BROOKSVILLE, FL 34602 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 BARRY, MARK S  
Address 231 SPRING LAKE HIGHWAY  
City-State-Zip: BROOKSVILLE FL 34602

Title VP OF AGENCY OPERATIONS  
Name BARRY, TODD A  
Address 231 SPRING LAKE HWY  
City-State-Zip: BROOKSVILLE FL 34602

*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:** MARK S BARRY

**PRESIDENT**

**01/17/2014**

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

\_\_\_\_\_  
Date