

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000001940

**Entity Name:** CAPITAL PARTNERS INSURANCE INC.

**Current Principal Place of Business:**

5874 STATE ROAD 11  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

5874 STATE ROAD 11  
DELEON SPRINGS, FL 32130 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BAKER, MARK A  
327 GROOVER CREEK CROSSING  
ORMOND BEACH, FL 32174 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, D  
Name BAKER, MARK A  
Address 5874 STATE ROAD 11  
City-State-Zip: DELEON SPRINGS FL 32130

Title S, T  
Name BAKER, LAUREL A  
Address 5874 STATE ROAD 11  
City-State-Zip: DELEON SPRINGS FL 32130

*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 BAKER

**PRES**

**02/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date