

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000001866

Entity Name: WE INSURE GROUP, INC.

Current Principal Place of Business:

3020 HARTLEY RD., SUITE 300
JACKSONVILLE, FL 32257

Current Mailing Address:

PO BOX 23865
JACKSONVILLE, FL 32241 US

FEI Number: 46-1700687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD., SUITE 504
JACKSONVILLE, FL 32216 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: GLAZIER & GLAZIER, P.A.

01/09/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name VISALI, PHILIP C
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

Title VICE PRESIDENT/SECRETARY
Name VISALI, MEGAN
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name VISALI, PHILIP M.
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name RAICES, DOMINIC
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name SCHAEFFER, GEORGE
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name FRANKEL, BRETT
Address 3020 HARTLEY RD., SUITE 300
City-State-Zip: JACKSONVILLE FL 32257

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: PHILIP VISALI

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date