

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000058983

Entity Name: BARCENA INSURANCE GROUP, INC.

Current Principal Place of Business:

21 B ST
HAINES CITY, FL 33844

Current Mailing Address:

21 B ST
HAINES CITY, FL 33844 US

FEI Number: 46-3423476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARCENA, ANTONIO M
2518 PASSAMONTE DR
WINTER PARK, FL 32792 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 BARCENA, ANTONIO M
Address 21 B ST
City-State-Zip: HAINES CITY FL 33844

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: BARCENA , ANTONIO M

P

01/17/2014

Electronic Signature of Signing Officer/Director Detail

Date