

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000061218

Entity Name: ATLAS INSURANCE GROUP OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

13960 7TH STREET
SUITE 3
DADE CITY, FL 33523

Current Mailing Address:

13960 7TH ST
SUITE 3
DADE CITY, FL 33523 US

FEI Number: 45-2254329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOWLER, RITA
13960 7TH ST
SUITE 3
DADE CITY, FL 33523 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 VP
Name FOUST, KIALHA E
Address 13960 7TH STREET
City-State-Zip: DADE CITY FL 33525

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: KIALHA E. FOUST

VP

04/20/2014

Electronic Signature of Signing Officer/Director Detail

Date