

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000067457

Entity Name: CENTRAL FLORIDA REGIONAL INSURANCE II INC

Current Principal Place of Business:

136 MALAGA STREET
ST AUGUSTINE, FL 32084

Current Mailing Address:

136 MALAGA STREET
ST AUGUSTINE, FL 32084

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEDI, DEBRA L
136 MALAGA STREET
ST AUGUSTINE, FL 32084 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 PRES
Name DEDI, DEBRA L
Address 136 MALAGA STREET
City-State-Zip: ST AUGUSTINE FL 32084

Title VPRE
Name COWAN, CARY
Address 136 MALAGA STREET
City-State-Zip: ST AUGUSTINE FL 32084

Title TREA
Name PACETTI, WILLIAM S
Address 136 MALAGA STREET
City-State-Zip: ST AUGUSTINE FL 32084

Title SEC
Name BISHOP, KATHLEEN A
Address 136 MALAGA STREET
City-State-Zip: ST AUGUSTINE FL 32084

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: DEBRA L DEDI

PRESIDENT

04/13/2014

Electronic Signature of Signing Officer/Director Detail

Date