

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000088614

**Entity Name:** SENTINEL INSURANCE SPECIALISTS, INC

**Current Principal Place of Business:**

3980 SOUTHSIDE BLVD  
103  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

3980 SOUTHSIDE BLVD  
103  
JACKSONVILLE, FL 32216 US

**FEI Number: 46-3991158**

**Certificate of Status Desired: Yes**

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

TABOADA, SONIA N  
3980 SOUTHSIDE BLVD  
103  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TABOADA, SONIA N  
Address        3980 SOUTHSIDE BLVD  
                  103  
City-State-Zip: JACKSONVILLE FL 32216

*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: SONIA TABOADA**

**PRESIDENT**

**03/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date