

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000092146

Entity Name: COVINGTON INSURANCE GROUP, INC

Current Principal Place of Business:

270 NW PEACOCK BLVD
SUITE 104
PORT ST LUCIE, FL 34986

Current Mailing Address:

270 NW PEACOCK BLVD
SUITE 104
PORT ST LUCIE, FL 34986

FEI Number: 46-4079826

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COVINGTON, CARRIE-LEE A MRS
270 NW PEACOCK BLVD
SUITE 104
PORT ST LUCIE, FL 34986 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: CARRIE-LEE A COVINGTON

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COVINGTON, CARRIE-LEE A
Address 270 NW PEACOCK BLVD
 SUITE 104
City-State-Zip: PORT ST LUCIE FL 34986

Title SEC
Name COVINGTON, SAMUEL R
Address 270 NW PEACOCK BLVD
 SUITE 104
City-State-Zip: PORT ST LUCIE FL 34986

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: CARRIE-LEE A COVINGTON

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date