

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000100378

FILED
Apr 26, 2017
Secretary of State
CC8816353518

Entity Name: BURNS & BURNS INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

600 N. THACKER AVE
STE D38
KISSIMMEE, FL 34741

Current Mailing Address:

600 N. THACKER AVE
STE D38
KISSIMMEE, FL 34741

FEI Number: 46-4342641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURNS, STANLEY
600 N. THACKER AVE
STE D38
KISSIMMEE, FL 34741 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 PSTD
Name BURNS, STANLEY
Address 600 N. THACKER AVE STE D38
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name BURNS, YROJAIMA
Address 600 N. THACKER AVE STE D38
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name BURNS, BLAKE
Address 600 N. THACKER AVE STE D38
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name SIDHU, HARMINI K DR.
Address 600 N. THACKER AVE
STE D38
City-State-Zip: KISSIMMEE FL 34741

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: STANLEY BURNS

PTSD

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date