

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000045585

**Entity Name:** AMERICA TRUST INSURANCE & FINANCIAL GROUP, INC

**Current Principal Place of Business:**

1216 N PINE HILLS ROAD  
ORLANDO, FL 32808

**Current Mailing Address:**

2895 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DORISMOND LORFILS, MARIE F  
2895 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746 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 P, T  
Name DORISMOND LORFILS, MARIE F  
Address 2895 SWEETSPIRE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

Title VP  
Name LORFILS, JOHN R  
Address 1450 BISCAYNE BLVD UNIT # 906  
City-State-Zip: NORTH MIAMI FL 33161

Title SEC  
Name LORFILS, THERVILIEN  
Address 2895 SWEETSPIRE CIRCLE  
City-State-Zip: KISSIMMEE FL 34746

*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:** MARIE F. DORISMOND LORFILS

**PRESIDENT**

**05/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date