

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010904

Entity Name: FLAGLER INSURANCE AGENCY INC

Current Principal Place of Business:

7370 COLLEGE PARKWAY
SUITE 214
FT MYERS, FL 33907

Current Mailing Address:

7370 COLLEGE PARKWAY
SUITE 214
FT MYERS, FL 33907 US

FEI Number: 65-0393224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IANNONE, DAVID A
12220 TOWNE LAKE DR
FT MYERS, FL 33913 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 IANNONE, DAVID A
Address 12331 TOWNE LAKE DRIVE, SUITE 1
City-State-Zip: FT MYERS FL 33913

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: DAVID IANNONE

PSTD

04/23/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date