

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000005305

**FILED  
Apr 03, 2014  
Secretary of State  
CC8610988089**

**Entity Name:** THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.

**Current Principal Place of Business:**

4826 NORTH U.S.HIGHWAY 17  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

P.O. BOX 157  
DELEON SPRINGS, FL 32130

**FEI Number: 59-3227963**

**Certificate of Status Desired: Yes**

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

RODRIGUEZ, ELAINE Y  
1386 S. SAXON BLVD  
DELTONA, FL 32725 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 V  
Name RODRIGUEZ, JULIAN  
Address 1386 S. SAXON B;VD  
City-State-Zip: DELTONA FL 32725

Title P  
Name RODRIGUEZ, ELAINE Y  
Address 1386 S. SAXON BLVD.  
City-State-Zip: DELTONA FL 32725

Title ST  
Name RODRIGUEZ, ROSA B  
Address 1386 S. SAXON BLVD.  
City-State-Zip: DELTONA FL 32725

Title V  
Name RODRIGUEZ, JULIAN E  
Address 1386 S. SAXON BLVD  
City-State-Zip: DELTONA FL 32725

*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: ELAINE Y. RODRIGUEZ**

**PRESIDENT**

**04/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date