

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000037663

**FILED  
Jan 19, 2015  
Secretary of State  
CC3857039914**

**Entity Name:** WEEMS INSURANCE OF NAPLES, INC.

**Current Principal Place of Business:**

2661 S. AIRPORT RD  
B105  
NAPLES, FL 34112

**Current Mailing Address:**

2661 S. AIRPORT RD  
B105  
NAPLES, FL 34112 US

**FEI Number: 65-0492114**

**Certificate of Status Desired: No**

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

WEEMS, MARGARET M  
202 TORRY PINES PT  
NAPLES, FL 34113 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	VP	Title	P
Name	WEEMS, MARGARET M	Name	WEEMS, SUSAN M
Address	202 TORREY PINES PT	Address	1010 39TH STREET SW
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34117

*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: SUSAN M WEEMS**

**PRESIDENT**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date