

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000057116

Entity Name: CF INSURANCE SERVICES, INC.

Current Principal Place of Business:

218 SOUTH LAKE AVENUE
APOPKA, FL 32703

Current Mailing Address:

PO BOX 1189
APOPKA, FL 32704 US

FEI Number: 59-3260662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DECLUE, LESTER
1641 SUNSET VILLAGE BLVD.
CLERMONT, FL 34711 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 PD
Name DECLUE, LESTER
Address PO BOX 1189
City-State-Zip: APOPKA FL 32704

Title SD
Name DECLUE, CHRISTOPHER
Address 218 SOUTH LAKE AVENUE
City-State-Zip: APOPKA FL 32703

Title TD
Name ST GERMAIN, MELINDA
Address 3408 KILMARNOCK DR.
City-State-Zip: APOPKA FL 32712

Title VD
Name DECLUE, SUE ANN
Address PO BOX 1189
City-State-Zip: APOPKA FL 34704

Title D
Name DECLUE, JONATHAN
Address 218 SOUTH LAKE AVENUE
City-State-Zip: APOPKA FL 32703

Title D
Name DECLUE, MATTHEW
Address 218 SOUTH LAKE AVENUE
City-State-Zip: APOPKA FL 32703

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: MELINDA ST GERMAIN

TD

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date