

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000062303

**Entity Name:** ADVANCE AGE INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

124 MARCIA DRIVE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

124 MARCIA DRIVE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 29

**FEI Number: 59-3267204**

**Certificate of Status Desired: No**

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

DALEY, EVERARD A  
124 MARCIA DRIVE  
SUITE A  
ALTAMONTE SPRINGS, FL 32714 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            D  
Name            DALEY, EVERARD A  
Address        3661 ROCHELLE LANE  
City-State-Zip: APOPKA FL 32712

Title            D  
Name            BUREY, ORLEY B  
Address        3256 ROLLING HILLS LANE  
City-State-Zip: APOPKA FL 32712

*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: EVERARD A. DALEY**

**PRESIDENT**

**01/29/2015**

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

\_\_\_\_\_  
Date