

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000050149

**Entity Name:** MITCH GREEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2 AZALEA DR  
DEBARY, FL 32713

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC9664141609**

**Current Mailing Address:**

2 AZALEA DR  
DEBARY, FL 32713

**FEI Number: 59-3391748**

**Certificate of Status Desired: No**

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

FERNANDEZ, LAUREN PA  
1540 NW 15TH STREET RD  
MIAMI, FL 33125-2412 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 GREEN, MITCHELL A  
Address 2 AZALEA DR  
City-State-Zip: DEBARY FL 32713

*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: MITCHELL GREEN**

**PRESIDENT**

**02/12/2017**

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

\_\_\_\_\_  
Date