

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000035688

**Entity Name:** PROMOTIONAL INSURANCE COVERAGE, INC.

**Current Principal Place of Business:**

6977 E. FOWLER AVE.  
TAMPA, FL 33617

**Current Mailing Address:**

6977 E. FOWLER AVE.  
TAMPA, FL 33617

**FEI Number:** 59-3506957

**Certificate of Status Desired:** No

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

MULCAHY, MARY LOU  
6014 AUDOBON BLVD  
LITHIA, FL 33547 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	P	Title	T
Name	MULCAHY, MARY L	Name	MULCAHY, WILLIAM J
Address	6014 AUDUBON MANOR BLVD	Address	6014 AUDUBON BLVD
City-State-Zip:	LITHIA FL 33547	City-State-Zip:	LITHIA FL 33547

*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:** WILLIAM MULCAHY

**TREASURER**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date