

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
Name MULCAHY, MARY L
Address 6014 AUDUBON MANOR BLVD
City-State-Zip: LITHIA FL 33547

Title T
Name MULCAHY, WILLIAM J
Address 6014 AUDUBON BLVD
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