

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062489

Entity Name: FLORIDA ATLANTIC COAST INSURANCE, INC.

Current Principal Place of Business:

3085 LAKE WORTH ROAD
LAKE WORTH, FL 33461

Current Mailing Address:

P.O. BOX 15268
WEST PALM BEACH, FL 33416

FEI Number: 65-0850372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABBONDANZIO, GIOVANNI JR
103 ANGELFISH LANE
JUPITER, FL 33477 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 GIOVANNI, ABBONDANZIO JR
Address 103 ANGELFISH LANE
City-State-Zip: JUPITER FL 33477

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: GIOVANNI A ABBONDANZIO JR

PRESIDENT

02/26/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date