

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000076900

**Entity Name:** 1 SOURCE INSURANCE AGENCY INC.

**Current Principal Place of Business:**

1701 S. HARBOR CITY BLVD.(US1)  
MELBOURNE, FL 32901

**Current Mailing Address:**

1701 S. HARBOR CITY BLVD.(US1)  
MELBOURNE, FL 32901

**FEI Number:** 59-3595236

**Certificate of Status Desired:** No

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

SHEIBANI, AFSHIN  
1701 S. HARBOR CITY BLVD.(US1)  
MELBOURNE, FL 32901 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 SHEIBANI, AFSHIN  
Address 1701 S. HARBOR CITY BLVD.  
City-State-Zip: MELBOURNE FL 32901

*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:** AFSHIN SHAWN SHEIBANI

**OWNER**

**02/08/2019**

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

\_\_\_\_\_ Date