

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S04416

Entity Name: SNITZER INSURANCE SERVICES, INC.

Current Principal Place of Business:

3733 UNIVERSITY BLVD W
SUITE 212
JACKSONVILLE, FL 32217

Current Mailing Address:

3733 UNIVERSITY BLVD W
SUITE 212
JACKSONVILLE, FL 32217 US

FEI Number: 59-3030325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SNITZER, MARK M
3733 UNIVERSITY BLVD W
SUITE 212
JACKSONVILLE, FL 32217 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 SNITZER, MARK M
Address 8936 BLAINE MEADOWS DR.
City-State-Zip: JACKSONVILLE FL 32257

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: MARK SNITZER

PRESIDENT

02/04/2013

Electronic Signature of Signing Officer/Director Detail

Date