

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S16252

**Entity Name:** JUDITH A. CINOTTI INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

3857 WEKIVA SPRINGS RD  
LONGWOOD, FL 32779-0362

**Current Mailing Address:**

3857 WEKIVA SPRINGS RD  
LONGWOOD, FL 32779-0362

**FEI Number:** 59-3040280

**Certificate of Status Desired:** No

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

CINOTTI, JUDITH A.  
3857 WEKIVA SPRINGS RD  
LONGWOOD, FL 32779 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            D  
Name            CINOTTI, JUDITH A  
Address        3857 WEKIVA SPRINGS RD  
City-State-Zip: LONGWOOD FL

Title            T  
Name            FARNELL, DAVID H  
Address        3857 WEKIVA SPRINGS RD  
City-State-Zip: LONGWOOD FL 32779

*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:** JUDITH A CINOTTI

**OFFICER/DIRECTOR**

**01/10/2017**

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

\_\_\_\_\_  
Date