

2014 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

PRES

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date