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: MELANIE TRASK SECRETARY 03/25/2014

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# S60572 Entity Name: DENNIS INSURANCE AGENCY, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

209 CRYSTAL GROVE BLVD LUTZ, FL 33548

Current Mailing Address:

209 CRYSTAL GROVE BLVD LUTZ, FL 33548 US

FEI Number: 59-3453285

Name and Address of Current Registered Agent:

TRASK, J. THOMAS 209 CRYSTAL GROVE BLVD #101 LUTZ, FL 33548 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

Officer/Director Detail :

Title	P	Title	S
Name	TRASK, J. THOMAS	Name	TRASK, MELANIE B
Address	209 CRYSTAL GROVE BLVD	Address	209 CRYSTAL GROVE BLVD
City-State-Zip:	LUTZ FL 33548	City-State-Zip:	LUTZ FL 33548

FILED Mar 25, 2014 Secretary of State CC8383520556

Date

Certificate of Status Desired: No

Date