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 noworod 01/13/2015

SIGNATURE: Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S60572

Entity Name: DENNIS INSURANCE AGENCY, INC.

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

Certificate of Status Desired: No

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	Р	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

nment with all other like empowered.	
: MELANIE TRASK	SEC

FILED Jan 13, 2015 Secretary of State CC0785872025

Date

Date