

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003456

**FILED**  
**Mar 21, 2014**  
**Secretary of State**  
**CC8653459791**

**Entity Name:** SPIRIT COMMERCIAL AUTO RISK RETENTION GROUP, INC.

**Current Principal Place of Business:**

9550 S. EASTERN AVENUE  
SUITE 253  
LAS VEGAS, NV 89123

**Current Mailing Address:**

C/O RISK SERVICES  
1605 MAIN STREET #800  
SARASOTA, FL 34236

**FEI Number:** 45-4643855

**Certificate of Status Desired:** No

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

ROGERS, MICHAEL T  
1605 MAIN STREET  
SUITE 800  
SARASOTA, FL 34236 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 PD  
Name GALLAGHER, MICHAEL  
Address 575 AVENUE P  
City-State-Zip: NEWARK NJ 07105

Title D  
Name TEETELLI, NICHOLAS  
Address 500 CRAIG BOULEVARD, 2ND FLOOR  
City-State-Zip: MANALAPAN NJ 07726

Title D  
Name MARX, JAMES DR.  
Address 608 S. JONES BLVD  
City-State-Zip: LAS VEGAS NV 89107

Title V  
Name GUFFEY, BRENDA  
Address 11790 SW HWY Y  
City-State-Zip: SCHELL CITY MO 64783

Title S  
Name WINCH, TROY  
Address 1605 MAIN STREET  
SUITE 800  
City-State-Zip: SARASOTA FL 34236

*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:** TROY WINCH

**SECRETARY**

**03/21/2014**

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

\_\_\_\_\_  
Date