

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000249

**Entity Name:** ASSURANCE INC

**Current Principal Place of Business:**

300 WHISPER RIDGE DR.  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

300 WHISPER RIDGE DR.  
ST AUGUSTINE, FL 32092

**FEI Number:** 46-1645152

**Certificate of Status Desired:** No

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

DISCOUNT REGISTERED AGENT  
493 BOUNDARY BLVD  
ROTONDA WEST, FL 33947 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            C  
Name            PUNNETT, DAVID  
Address        300 WHISPER RIDGE DR  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** DAVID PUNNETT

**OWNER**

**04/16/2016**

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

\_\_\_\_\_ Date