

2017 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

04/01/2017

Electronic Signature of Signing Officer/Director Detail

Date