

FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

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FILED

11 MAY 17 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000005690

1. Entity Name

VANEGAS INSURANCE GROUP CORP
2567 E. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34744



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2. Principal Place of Business - No P.O. Box #

2567 E. Irlo Bronson Hwy

3. Mailing Address

2567 E. Irlo Bronson Mem Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

271707670

Applied For

Not Applicable

Zip

34744

Country

U.S.

Zip

34744

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Denise Vanegas

Street Address (P.O. Box Number is Not Acceptable)

2567 E. Irlo Bronson Mem Hwy

City

Kissimmee

FL

Zip Code

34744

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1: May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

Denise.Vanegas@greatfloridaborn.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	<u>VICE PRESIDENT</u>
NAME	<u>DENISE VANEGAS</u>
STREET ADDRESS	<u>2567 E IRLO BRONSON MEMORIAL HWY</u>
CITY-ST-ZIP	<u>KISSIMMEE FL 34744</u>
TITLE	<u>PRESIDENT</u>
NAME	<u>SERGIO A. VANEGAS</u>
STREET ADDRESS	<u>2567 E IRLO BRONSON MEMORIAL HWY</u>
CITY-ST-ZIP	<u>KISSIMMEE FL 34744</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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05/09/11 01004-007 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155 F.S.

SIGNATURE

SERGIO VANEGAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5/12/11 407 931-3729

Daytime Phone #

5/17/11