

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 667651

Entity Name: INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2910 MAGUIRE ROAD
SUITE 2004
OCOEE, FL 34761

Current Mailing Address:

2910 MAGUIRE ROAD
SUITE 2004
OCOEE, FL 34761

FEI Number: 58-1396030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLEVELAND, JAMES W
660 CRICKLEWOOD TERRACE
LAKE MARY, FL 32746 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: JAMES CLEVELAND

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name CLEVELAND, JAMES
Address 2910 MAGUIRE ROAD
 SUITE 2004
City-State-Zip: OCOEE FL 34761

Title SECRETARY, TREASURER
Name WALKER, ROBERT T
Address 2910 MAGUIRE ROAD
 SUITE 2004
City-State-Zip: OCOEE FL 34761

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: ROBERT WALKER

TREASURER

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date