

**2016 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

02/05/2016

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:** JAMES CLEVELAND

PRESIDENT

02/05/2016

Electronic Signature of Signing Officer/Director Detail

Date