

2013 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
OCOE, FL 34761

Current Mailing Address:

2910 MAGUIRE ROAD
SUITE 2004
OCOE, FL 34761

FEI Number: 58-1396030

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLOWAY, COLIN F
395 BRASSIE DR
LONGWOOD, FL 32750 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 FERGUSON, FRANK B
Address 20 LACOSTA PLACE
City-State-Zip: PALM COAST FL 32137

Title P
Name GALLOWAY, COLIN F
Address 395 BRASSIE DR
City-State-Zip: LONGWOOD FL 32750

Title VP
Name GALLOWAY, LAURA M
Address 395 BRASSIE DR
City-State-Zip: LONGWOOD FL 32750

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: COLIN GALLOWAY

PRESIDENT

01/24/2013

Electronic Signature of Signing Officer/Director Detail

Date