

2020 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
3341 HORSESHOE BEND CT.
LONGWOOD, FL 32799 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

02/06/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, CEO	Title	SECRETARY, TREASURER
Name	CLEVELAND, JAMES	Name	WALKER, ROBERT T
Address	2910 MAGUIRE ROAD SUITE 2004	Address	2910 MAGUIRE ROAD SUITE 2004
City-State-Zip:	OCOEE FL 34761	City-State-Zip:	OCOEE FL 34761
Title	VICE PRESIDENT - OPERATIONS		
Name	CLEVELAND, TRISHA R		
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

02/06/2020

Electronic Signature of Signing Officer/Director Detail

Date