

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G78507

Entity Name: LEON MORSON INSURANCE INC.

Current Principal Place of Business:

1717 INDIAN WELLS AVE.
OCALA, FL 34472

Current Mailing Address:

1717 INDIAN WELLS AVE.
OCALA, FL 34472 US

FEI Number: 59-2368223

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BONNIE RAMSEY
1717 INDIAN WELLS AVE.
OCALA, FL 34472 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 P
Name RAMSEY, BONNIE
Address 1717 INDIAN WELLS AVE.
City-State-Zip: Ocala FL 34472

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: BONNIE RAMSEY

PRESIDENT

03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date