

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G85029

**Entity Name:** AMELIA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2384 SADLER ROAD  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

2384 SADLER ROAD  
FERNANDINA BEACH, FL 32034

**FEI Number:** 59-2372510

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAPORTE ENTERPRISES, INC.  
2398 SADLER ROAD  
FERNANDINA BEACH, FL 32034 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           PTD  
Name           LAPORTE, PIERRE  
Address        438 STARBOARD LANDING  
City-State-Zip: FERNANDINA BEACH FL 32034

*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:** PIERRE LAPORTE

PTD

04/27/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date