

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05601

**FILED
Jan 08, 2014
Secretary of State
CC4639569910**

Entity Name: AMBERG INSURANCE CENTER, INC.

Current Principal Place of Business:

1900 S. TAMIAMI TRAIL
UNIT C
PUNTA GORDA, FL 33950

Current Mailing Address:

1900 S. TAMIAMI TRAIL
UNIT C
PUNTA GORDA, FL 33950 US

FEI Number: 59-2415462

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMBERG, DAVID A. P
1900-C TAMIAMI TRAIL
PUNTA GORDA, FL 33950 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 AMBERG, DAVID A.
Address 1900 S.TAMIAMI TR.,STE.C
City-State-Zip: PUNTA GORDA FL

Title VP
Name AMBERG, DAVID A. JR VP
Address 1900 S.TAMIAMI TR.,STE.C
City-State-Zip: PUNTA GORDA FL

Title VP
Name AMBERG, PATRICIA AVP
Address 1900 S.TAMIAMI TR.,STE.C
City-State-Zip: PUNTA GORDA FL

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: DAVID A AMBERG

PRESIDENT

01/08/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date