

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J68150

**Entity Name:** CARLOCK & ASSOCIATES INSURANCE, INC.

**Current Principal Place of Business:**

2002 DEL PRADO BLVD S  
STE 200  
CAPE CORAL, FL 33990

**Current Mailing Address:**

2002 DEL PRADO BLVD S  
STE 200  
CAPE CORAL, FL 33990 US

**FEI Number: 59-2782754**

**Certificate of Status Desired: No**

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

ROSSELL, KEITH E  
2002 DEL PRADO BLVD S  
STE 200  
CAPE CORAL, FL 33990 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 PSD  
Name ROSSELL, KEITH E  
Address 17 NE 19TH TER  
City-State-Zip: CAPE CORAL FL 33909

Title VPTD  
Name CARLOCK ORTIZ, SANDRA  
Address 1604 SW 17TH AVE  
City-State-Zip: CAPE CORAL FL 33991

*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: KEITH E. ROSSELL**

**PRESIDENT**

**01/19/2017**

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

\_\_\_\_\_  
Date