

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L84206

**Entity Name:** COMMERCIAL & HOME INSURANCE, INC.

**Current Principal Place of Business:**

5635 49TH ST. N.  
SAINT PETERSBURG, FL 33709

**Current Mailing Address:**

5635 49TH ST. N.  
SAINT PETERSBURG, FL 33709 US

**FEI Number: 59-3016484**

**Certificate of Status Desired: Yes**

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

DAVISON, WILLIAM F.  
1200 53RD STREET NORTH  
ST. PETERSBURG, FL 33710 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 PD  
Name DAVISON, WILLIAM F.  
Address 1200 53RD STREET N.  
City-State-Zip: ST. PETERSBURG FL 33710

Title STD  
Name DAVISON, EDNA M.  
Address 1200 53RD STREET N.  
City-State-Zip: ST. PETERSBURG FL 33710

*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: EDNA M DAVISON**

**SEC/TREAS**

**04/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date