

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065734

Entity Name: HARVEY INSURANCE AGENCY, INC.

Current Principal Place of Business:

1023 STATE RD 20
INTERLACHEN, FL 32148

Current Mailing Address:

POST OFFICE BOX 1854
INTERLACHEN, FL 32148

FEI Number: 59-3654382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAFNER, LAURA
1023 STATE RD 20
INTERLACHEN, FL 32148 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: LAURA HAFNER

01/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name HAFNER, LAURA K
Address 196 315 S
City-State-Zip: INTERLACHEN FL 32148

Title VP, SECRETARY
Name MIKELL, JOHN C
Address 4096 SILVER LAKE DR
City-State-Zip: PALATKA FL 32177

Title DIRECTOR
Name FL WORK COMP SOLUTIONS INC
Address 1023 SR 20
City-State-Zip: INTERLACHEN FL 32148

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: LAURA K. HAFNER

PRESIDENT

01/20/2015

Electronic Signature of Signing Officer/Director Detail

Date