

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000121359

**Entity Name:** JOHN KRAWIEC INSURANCE INC

**Current Principal Place of Business:**

4618 ACKERLY WAY  
BRANDON, FL 33511

**Current Mailing Address:**

4618 ACKERLY WAY  
BRANDON, FL 33511

**FEI Number: 59-3758776**

**Certificate of Status Desired: No**

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

KRAWIEC, JOHN  
4618 ACKERLY WAY  
BRANDON, FL 33511 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	D	Title	CFO
Name	KRAWIEC, JOHN JJR.	Name	KRAWIEC, SUZANNE
Address	4618 ACKERLY WAY	Address	4618 ACKERLY WAY
City-State-Zip:	BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511

*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: JOHN J. KRAWIEC JR.**

**PRESIDENT**

**03/28/2016**

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

\_\_\_\_\_  
Date