

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000005251

**Entity Name:** SYLVIA P. RUSCHE' INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

104 1ST STREET N  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

104 1ST STREET N  
SAINT PETERSBURG, FL 33701

**FEI Number: 06-1671826**

**Certificate of Status Desired: Yes**

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

RILEY, STEVEN PESQ.  
4805 W. LAUREL STREET  
SUITE 230  
TAMPA, FL 33607 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 RUSCHE', SYLVIA P  
Address 104 1ST STREET N  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VP  
Name RUSCHE', SYLVIA P  
Address 6250 KIPPS COLONY CT #103  
City-State-Zip: SAINT PETERSBURG FL 33707

Title S  
Name RUSCHE', SYLVIA P  
Address 104 1ST STREET N  
City-State-Zip: SAINT PETERSBURG FL 33701

Title T  
Name RUSCHE', SYLVIA P  
Address 104 1ST STREET N  
City-State-Zip: SAINT PETERSBURG FL 33701

Title C  
Name RUSCHE', SYLVIA P  
Address 104 1ST STREET N  
City-State-Zip: SAINT PETERSBURG FL 33701

*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: SYLVIA P RUSCHE**

**PRESIDENT**

**02/23/2015**

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

\_\_\_\_\_  
Date