

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102206

Entity Name: MICHAEL NICKAS INSURANCE AGENCY, INC.

Current Principal Place of Business:

10920 BAYMEADOWS ROAD
SUITE 7
JACKSONVILLE, FL 32256

Current Mailing Address:

10920 BAYMEADOWS ROAD
SUITE 7
JACKSONVILLE, FL 32256

FEI Number: 20-0232495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICKAS, MICHAEL J
10920 BAYMEADOWS ROAD
SUITE 7
JACKSONVILLE, FL 32256 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 NICKAS, MICHAEL J
Address 10920 BAYMEADOWS ROAD, SUITE 7
City-State-Zip: JACKSONVILLE FL 32256

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: MICHAEL NICKAS

PRESIDENT

02/20/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date