

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000087548

**Entity Name:** GENE HOOD INSURANCE, INC.

**Current Principal Place of Business:**

16435 SPRING HILL DR.  
SPRINGHILL, FL 34604

**Current Mailing Address:**

16435 SPRING HILL DR.  
SPRINGHILL, FL 34604 US

**FEI Number:** 20-3329957

**Certificate of Status Desired:** No

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

STANLEY, DAVID  
16435 SPRING HILL DR.  
SPRING HILL, FL 34604 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  
Name STANLEY, DAVID J  
Address 3251 S CYGNET PT  
City-State-Zip: INVERNESS FL 34450

Title D  
Name STANLEY, DEBRA  
Address 3251 S CYGNET PT  
City-State-Zip: INVERNESS FL 34450

*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:** DAVID STANLEY

**PRESIDENT**

**04/26/2017**

Electronic Signature of Signing Officer/Director Detail

Date