2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
CC1076713840

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Entity Name: TOWNSENDS INSURANCE GROUP, INC.

Current Principal Place of Business:

4400 N HIGHWAY 19A
UNIT 8B
MT DORA, FL 32757

Current Mailing Address:

4400 N HIGHWAY 19A
UNIT 8B
MT DORA, FL 32757 US

FEI Number: 20-1280878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOWNSEND, RHONDA
4400 N HIGHWAY 19A
UNIT 8B
MT DORA, FL 32757 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	Title	VP
Name	TOWNSEND, RHONDA	Name	TOWNSEND, CRAIG
Address	24335 GREENTREE LANE	Address	24335 GREENTREE LANE
City-State-Zip:	EUSTIS FL 32736	City-State-Zip:	EUSTIS FL 32736

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: RHONDA TOWNSEND OWNER 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date