

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113617

Entity Name: CAPE CORAL INSURANCE CENTER, INC.

Current Principal Place of Business:

1103 CAPE CORAL PKWY E
SUITE A
CAPE CORAL, FL 33904

Current Mailing Address:

1103 CAPE CORAL PKWY E
SUITE A
CAPE CORAL, FL 33904

FEI Number: 02-0748497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SLEICHER, PATRICIA
1103 CAE CORAL PKWY E
STE A
CAPE CORAL, FL 33904 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 SLEICHER, PATRICIA
Address 4822 SW 5TH PLACE
City-State-Zip: CAPE CORAL FL 33914

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: PATRICIA SLEICHER

OWNER

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date