

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000080630

Entity Name: KYLE SMITH INSURANCE, INC.

Current Principal Place of Business:

1900-C HAVENDALE BLVD
WINTER HAVEN, FL 33881

Current Mailing Address:

1900-C HAVENDALE BLVD
WINTER HAVEN, FL 33881

FEI Number: 20-5049600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEGGS & LANE, A REGISTERED LIMITED LIABILITY CORPORATION
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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 SMITH, KYLE
Address 1900-C HAVENDALE BLVD
City-State-Zip: WINTER HAVEN FL 33881

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: KYLE SMITH

PRESIDENT

01/12/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date