

**2016 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**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date