

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156188

**Entity Name:** VALENTINE INSURANCE INC

**Current Principal Place of Business:**

1153 MAIN STREET  
SUITE 109  
DUNEDIN, FL 34698

**Current Mailing Address:**

1153 MAIN STREET  
SUITE 109  
DUNEDIN, FL 34698

**FEI Number:** 20-8121009

**Certificate of Status Desired:** No

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

VALENTINE, DEBORAH LDPST  
1153 MAIN STREET  
SUITE 109  
DUNEDIN, FL 34698 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 DPST  
Name VALENTINE, DEBORAH L  
Address 1153 MAIN STREET SUITE 109  
City-State-Zip: DUNEDIN FL 34698

Title VCH  
Name VALENTINE, MICHAEL F  
Address 1153 MAIN STREET SUITE 109  
City-State-Zip: DUNEDIN FL 34698

*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:** MICHAEL F VALENTINE

VCH

04/07/2018

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

\_\_\_\_\_  
Date