

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157260

**Entity Name:** JERALDS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10250 NORMANDY BLVD  
STE 501  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

10250 NORMANDY BLVD  
STE 501  
JACKSONVILLE, FL 32221

**FEI Number: 51-0614042**

**Certificate of Status Desired: No**

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

JERALDS, MICHELLE  
10250 NORMANDY BLVD  
STE 501  
JACKSONVILLE, FL 32221 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 PST  
Name JERALDS, MICHELLE  
Address 10250 NORMANDY BLVD STE 501  
City-State-Zip: JACKSONVILLE FL 32221

*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: MICHELLE JERALDS**

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date