

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000060486

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

**Current Principal Place of Business:**

3466 TAMPA ROAD  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3466 TAMPA ROAD  
PALM HARBOR, FL 34684

**FEI Number: 22-3964598**

**Certificate of Status Desired:** No

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

CHAVANNE, DIANE L  
3466 TAMPA RD  
PALM HARBOR, FL 34684 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:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DPST  
Name CHAVANNE, DIANE L  
Address 3466 TAMPA ROAD  
City-State-Zip: PALM HARBOR FL 34684

*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: DIANE L CHAVANNE**

**PRESIDENT**

**01/15/2014**

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Electronic Signature of Signing Officer/Director Detail

Date