

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091948

Entity Name: STIERLIN INSURANCE AGENCY, INC.

Current Principal Place of Business:

1944 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952

Current Mailing Address:

1944 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE, FL 34952

FEI Number: 45-0570820

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STIERLIN, WILLIAM
2482 SE GOWIN DRIVE
PORT SAINT LUCIE, FL 34952 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 PD
Name STIERLIN, WILLIAM
Address 2482 SE GOWIN DRIVE
City-State-Zip: PORT SAINT LUCIE FL 34952

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: WILLIAM E STIERLIN

PRESIDENT

04/29/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date