

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000045376

**Entity Name:** RAY A FORREST INSURANCE AGENCY INC.

**Current Principal Place of Business:**

6943 STIRLING ROAD  
DAVIE, FL 33314

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC3222486142**

**Current Mailing Address:**

6943 STIRLING ROAD  
DAVIE, FL 33314 US

**FEI Number: 26-2518941**

**Certificate of Status Desired: No**

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

FORREST, RAY  
6943 STIRLING ROAD  
DAVIE, FL 33314 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 FORREST, RAY  
Address 6943 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title TD  
Name FORREST, RAY JR  
Address 6943 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title VD  
Name FORREST, SHERINE  
Address 6943 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

Title SD  
Name FORREST, DOMINIQUE  
Address 6943 STIRLING ROAD  
City-State-Zip: DAVIE FL 33314

*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: RAY FORREST**

**PRESIDENT**

**04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date