

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059427

Entity Name: NCA INSURANCE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

854 MOONLUSTER DRIVE
CASSELBERRY, FL 32707

Current Mailing Address:

PO BOX 180668
CASSELBERRY, FL 32718 06

FEI Number: 26-2922324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JURGELONIS, JACQUELINE
854 MOONLUSTER DRIVE
CASSELBERRY, FL 32707 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	P	Title	VP
Name	JURGELONIS, JACQUELINE B	Name	JURGELONIS, JOSEPH A
Address	854 MOONLUSTER DRIVE	Address	854 MOONLUSTER DRIVE
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	CASSELBERRY FL 32707

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: JACQUELINE JURGELONIS

PRESIDENT

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date