

**2013 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  
Name            JURGELONIS, JACQUELINE B  
Address        854 MOONLUSTER DRIVE  
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**

**02/27/2013**

Electronic Signature of Signing Officer/Director Detail

Date