

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076707

Entity Name: FIFTY PLUS INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

8695 COLLEGE PARKWAY
2080
FORT MYERS, FL 33919

Current Mailing Address:

8695 COLLEGE PARKWAY
2080
FORT MYERS, FL 33919

FEI Number: 26-3232251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEARBORN, JOANNE
8695 COLLEGE PARKWAY
2080
FORT MYERS, FL 33919 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 DEARBORN, JOANNE
Address 8695 COLLEGE PARKWAY, STE. 2080
City-State-Zip: FORT MYERS FL 33919

Title VPST
Name WHITLOCK, ROBERT H
Address 5260 SOUTH LANDINGS DRIVE
UNIT #1301
City-State-Zip: FORT MYERS FL 33919

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: JOANNE DEARBORN

PRESIDENT

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date