

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076707

**Entity Name:** FIFTY PLUS INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

8595 COLLEGE PARKWAY  
SUITE 160  
FORT MYERS, FL 33919

**Current Mailing Address:**

8595 COLLEGE PARKWAY  
SUITE 160  
FORT MYERS, FL 33919 US

**FEI Number:** 26-3232251

**Certificate of Status Desired:** No

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

DEARBORN, JOANNE  
8595 COLLEGE PARKWAY  
SUITE 160  
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 8595 COLLEGE PARKWAY, STE. 160  
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**

**04/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date