

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033554

Entity Name: A.R.M. INSURANCE GROUP, INC

Current Principal Place of Business:

649 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

Current Mailing Address:

649 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953

FEI Number: 26-4673383

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KARRAKER, JANE L
649 SW PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34953 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 KARRAKER, JANE L
Address 649 SW PORT ST LUCIE BLVD
City-State-Zip: PORT ST LUCIE FL 34953

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: JANE KARRAKER

PRESIDENT

03/01/2013

Electronic Signature of Signing Officer/Director Detail

Date