

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000075320

Entity Name: STILLS INSURANCE, INC.

Current Principal Place of Business:

30 SKYLINE DRIVE
SUITE 2130
LAKE MARY, FL 32746

Current Mailing Address:

30 SKYLINE DRIVE
SUITE 2130
LAKE MARY, FL 32746 US

FEI Number: 30-0645700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, ELIZABETH
30 SKYLINE DRIVE
SUITE 2130
LAKE MARY, FL 32746 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: ELIZABETH ROSE

03/04/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name ROSE, ELIZABETH
Address 30 SKYLINE DRIVE
 SUITE 2130
City-State-Zip: LAKE MARY FL 32746

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: ELIZABETH ROSE

PRESIDENT

03/04/2014

Electronic Signature of Signing Officer/Director Detail

Date