

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000106275

Entity Name: MCCORMICK INSURANCE INC.

Current Principal Place of Business:

9000 SHERIDAN ST
SUITE 130
PEMBROKE PINES, FL 33024

Current Mailing Address:

9000 SHERIDAN ST
SUITE 130
PEMBROKE PINES, FL 33024 US

FEI Number: 45-4015263

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
SUITE A
TAMPA, FL 33612 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 PRESIDENT, CEO
Name MCCORMICK, KEVIN P
Address 9000 SHERIDAN STREET
 SUITE 130
City-State-Zip: PEMBROKE PINES FL 33024

Title VP, CFO
Name BAMOND, ALBERTO
Address 2495 SW 82ND AVE
 APT. 202
City-State-Zip: DAVIE FL 33324

Title VP, COO
Name FATAL, KENLEY
Address 2495 SW 82ND AVE
 APT. 202
City-State-Zip: DAVIE FL 33324

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: KENLEY FATAL

COO

04/22/2013

Electronic Signature of Signing Officer/Director Detail

Date