

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000103252

**Entity Name:** WE INSURE GEORGIA, INC.

**Current Principal Place of Business:**

3020 HARTLEY RD., SUITE 300  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 23865  
JACKSONVILLE, FL 32241 US

**FEI Number:** 46-1708265

**Certificate of Status Desired:** No

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

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD., SUITE 504  
JACKSONVILLE, FL 32216 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 VISALI, PHILIP C  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

Title VPSD  
Name WARING, LUCAS M  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

*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:** PHILIP VISALI

**PRESIDENT**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date