

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000103995

**Entity Name:** ELM CITY INSURANCE SERVICES INC

**Current Principal Place of Business:**

1 SLEIMAN PARKWAY  
SUITE 130  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1 SLEIMAN PARKWAY  
SUITE 130  
JACKSONVILLE, FL 32216 US

**FEI Number:** 27-4649127

**Certificate of Status Desired:** No

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

SCHWARTZ, MICHAEL  
9745 TOUCHTON RD  
#2327  
JACKSONVILLE, FL 32246 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 SCHWARTZ, MICHAEL  
Address 9745 TOUCHTON RD  
City-State-Zip: JACKSONVILLE FL 32246

*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:** MICHAEL B. SCHWARTZ

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date