

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000032659

Entity Name: MANDY E. BOWERS INSURANCE, INC.

Current Principal Place of Business:

11018 OLD ST. AUGUSTINE RD
SUITE 112
JACKSONVILLE, FL 32257

Current Mailing Address:

11018 OLD ST. AUGUSTINE RD
SUITE 112
JACKSONVILLE, FL 32257

FEI Number: 46-2498822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWERS, MANDY E
4500 JULINGTON CREEK RD
JACKSONVILLE, FL 32258 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 BOWERS, MANDY E
Address 4500 JULINGTON CREEK RD
City-State-Zip: JACKSONVILLE FL 32258

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: MANDY E BOWERS

PRESIDENT

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date