

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000086863

Entity Name: ALL FLORIDA INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

3309 NORTHLAKE BLVD
SUITE 107
PALM BEACH GARDENS, FL 33403

Current Mailing Address:

15666 TEMPLE BLVD
LOXAHATCHEE, FL 33470 US

FEI Number: 90-1021822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRICKLAND, BEAU T
15666 TEMPLE BLVD
LOXAHATCHEE, FL 33470 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 STRICKLAND, BEAU T
Address 15666 TEMPLE BLVD
City-State-Zip: LOXAHATCHEE FL 33470

Title S
Name STRICKLAND, ALAN T
Address 15666 TEMPLE BLVD
City-State-Zip: LOXAHATCHEE FL 33470

Title T
Name STRICKLAND, ALAN T
Address 15666 TEMPLE BLVD
City-State-Zip: LOXAHATCHEE FL 33470

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: ALAN STRICKLAND

S

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date