

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000090636

**Entity Name:** NEIGHBORHOOD INSURANCE OFFICE INC.

**Current Principal Place of Business:**

3215 NW 10TH TERR  
STE 207  
OAKLAND PARK, FL 33309

**Current Mailing Address:**

3215 NW 10TH TERR  
STE 207  
OAKLAND PARK, FL 33309

**FEI Number:** 47-2260138

**Certificate of Status Desired:** No

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

REES, GARETH  
3215 NW 10TH TERR  
STE 207  
OAKLAND PARK, FL 33309 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            CEO  
Name            REES, GARETH  
Address        3215 NW 10TH TERR STE 207  
City-State-Zip: OAKLAND PARK FL 33309

Title            P  
Name            FRANZONI, JEFFEREY  
Address        3215 NW 10TH TERR STE 207  
City-State-Zip: OAKLAND PARK FL 33309

*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:** GARETH REES

CEO

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date