

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000026317

**Entity Name:** EXCEL INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

101 CENTURY 21 DR SUITE 121  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

101 CENTURY 21 DR SUITE 121  
JACKSONVILLE, FL 32216

**FEI Number:** 59-3371859

**Certificate of Status Desired:** No

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

DOWNING, LLOYD W  
101 CENTURY 21 DR SUITE 121  
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 D  
Name DOWNING, LLOYD W  
Address 1921 LAURA ST. N.  
City-State-Zip: JACKSONVILLE FL 32206

Title D  
Name DOWNING, FRANCES C  
Address 1921 LAURA ST. N.  
City-State-Zip: JACKSONVILLE FL 32206

*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:** LLOYD W. DOWNING

**PRES**

**02/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date