

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000872

**Entity Name:** SURMAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6099 STIRLING RD  
102  
DAVIE, FL 33314

**Current Mailing Address:**

6099 STIRLING RD  
102  
DAVIE, FL 33314

**FEI Number:** 65-0725660

**Certificate of Status Desired:** No

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

SURMAN, CATHERINE A  
6099 STIRLING ROAD #102  
DAVIE, FL 33314 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 PST  
Name SURMAN, CATHERINE A  
Address 6099 STIRLING ROAD #102  
City-State-Zip: DAVIE FL 33314

*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:** CATHERINE SURMAN

**PRESIDENT**

**04/04/2016**

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

\_\_\_\_\_  
Date