

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000047247

**Entity Name:** ACCURATE INSURANCE OF PALATKA, INC

**Current Principal Place of Business:**

430 N STATE ROAD 19  
PALATKA, FL 32177

**Current Mailing Address:**

PO BOX 536973  
ORLANDO, FL 32853-6973 US

**FEI Number:** 59-3518416

**Certificate of Status Desired:** No

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

ELLWOOD, GARY F  
439 SE PORT SAINT LUCIE BLVD  
SUITE 117  
PORT SAINT LUCIE, FL 34984 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:** GARY F ELLWOOD

02/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V  
Name ELLWOOD, GARY F  
Address 3327 HATCHER ST  
City-State-Zip: FORT PIERCE FL 34981

Title PRESIDENT  
Name ELLWOOD, LAURIE  
Address 782 25TH STREET SW  
City-State-Zip: LARGO FL 33770

*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:** LAURIE ELLWOOD

PRESIDENT

02/14/2017

Electronic Signature of Signing Officer/Director Detail

Date