

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000035735

**Entity Name:** CHRISTINE VELLA INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

992 N. SEMORAN BLVD  
ORLANDO, FL 32807

**Current Mailing Address:**

992 N. SEMORAN BLVD  
ORLANDO, FL 32807 US

**FEI Number: 59-3581975**

**Certificate of Status Desired: No**

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

VELLA, CHRISTINE  
992 N. SEMORAN BLVD  
ORLANDO, FL 32807 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 PD  
Name VELLA, CHRISTINE Y  
Address 992 N. SEMORAN BLVD  
City-State-Zip: ORLANDO FL 32807

*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: CHRISTINE VELLA**

**PRESIDENT**

**02/01/2016**

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

\_\_\_\_\_  
Date