## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075113

Entity Name: C.A.R. INSURANCE, INC.

**Current Principal Place of Business:** 

17 OLD KINGS ROAD, NORTH SUITE R

PALM COAST, FL 32137

**Current Mailing Address:** 

21 OLD KINGS ROAD, NORTH SUITE B102 PALM COAST, FL 32137

FEI Number: 59-3594193 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONSER, ANNA GALLO 21 OLD KINGS ROAD, NORTH SUITE B102 PALM COAST, FL 32137 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: ANNA GALLO CONSER 03/21/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PSD Title VTD

Name CONSER, ROBERT W Name CONSER, ANNA GALLO

Address 21 OLD KINGS ROAD, NORTH, SUITE Address 21 OLD KINGS ROAD, NORTH, SUITE

B102

City-State-Zip: PALM COAST FL 32137 City-State-Zip: PALM COAST FL 32137

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.

FILED Mar 21, 2016

**Secretary of State** 

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