

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S69863

**Entity Name:** CRAI INSURANCE, INC.

**Current Principal Place of Business:**

706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 65-0277281

**Certificate of Status Desired:** No

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

REGISTER, LLOYD E  
706 TURNBULL AVENUE  
SUITE 102  
ALTAMONTE SPRINGS, FL 32701 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 DC  
Name REGISTER, LLOYD  
Address 507 E. FORESTWOOD CT.  
City-State-Zip: MAITLAND FL 32701

Title ST  
Name REGISTER, SHARON L  
Address 507 FORESTWOOD CT  
City-State-Zip: MAITLAND FL 32751

*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 E REGISTER, III

**PRESIDENT**

**03/21/2013**

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

\_\_\_\_\_  
Date