

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P39407

**Entity Name:** ST. JAMES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

6675 WESTWOOD BLVD  
SUITE 360  
ORLANDO, FL 32821

**Current Mailing Address:**

6675 WESTWOOD BLVD  
SUITE 360  
ORLANDO, FL 32821 US

**FEI Number:** 22-2455609

**Certificate of Status Desired:** Yes

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

FALZARANO, EDWARD D  
6675 WESTWOOD BLVD  
SUITE 360  
ORLANDO, FL 32821 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 D  
Name MCCAILL, JAMES J  
Address 6131 LOUISE COVE DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title T  
Name FALZARANO, EDWARD D  
Address 3431 FERNLAKE PL  
City-State-Zip: LONGWOOD FL 32779

Title P  
Name LUCAS, ROBERT P  
Address 9235 TIBET POINTE CIRCLE,  
City-State-Zip: WINDERMERE FL 34786

*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: ROBERT P LUCAS**

**PRESIDENT**

**01/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date