

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000555

**Entity Name:** CENTENNIAL INSURANCE AGENCY, INC.**Current Principal Place of Business:**2171 W MAIN STREET  
SUITE 100  
CABOT, AR 72023**Current Mailing Address:**2171 W MAIN STREET  
SUITE 100  
CABOT, AR 72023 US**FEI Number:** 71-0841082**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPARKS, TIM  
22 AVE E  
APALACHICOLA, FL 32320 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	DIRECTOR
Name	FRENCH, TRACY
Address	2171 W MAIN STREET SUITE 100
City-State-Zip:	CABOT AR 72023

Title	SECRETARY
Name	KRISELL, ANGELA
Address	2171 W MAIN STREET SUITE 100
City-State-Zip:	CABOT AR 72023

Title	DIRECTOR
Name	SPARKS, TIM
Address	2171 W MAIN STREET SUITE 100
City-State-Zip:	CABOT AR 72023

Title	PRESIDENT
Name	SPARKS, TIM
Address	2171 W MAIN STREET SUITE 100
City-State-Zip:	CABOT AR 72023

Title	DIRECTOR
Name	TIPTON, STEPHEN
Address	2171 W MAIN STREET SUITE 100
City-State-Zip:	CABOT AR 72023

*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:** TIM SPARKS

PRESIDENT

04/25/2019

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