

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000055222

**Entity Name:** FRANK LULLO INSURANCE, INC.

**Current Principal Place of Business:**

12961 N MAIN ST 304  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

12961 N MAIN ST 304  
JACKSONVILLE, FL 32218

**FEI Number:** 26-0151565

**Certificate of Status Desired:** No

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

LULLO, FRANK  
12961 N MAIN ST 304  
JACKSONVILLE, FL 32218 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 PSTD  
Name LULLO, FRANK  
Address 12961 N MAIN ST 304  
City-State-Zip: JACKSONVILLE FL 32218

*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:** FRANK LULLO

**PRES**

**04/23/2015**

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

\_\_\_\_\_  
Date