

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000045618

**Entity Name:** O & A INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

9823 TAPESTRY PARK CIRCLE #106  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

PO BOX 600555  
JACKSONVILLE, FL 32260

**FEI Number:** 59-3575348

**Certificate of Status Desired:** No

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

OWEN, WENDY L  
9823 TAPESTRY PARK CIRCLE #106  
JACKSONVILLE, FL 32246 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 OWEN, ROBERT T  
Address 9823 TAPESTRY PARK CIRCLE #106  
City-State-Zip: JACKSONVILLE FL 32246

Title D  
Name OWEN, WENDY  
Address 9823 TAPESTRY PARK CIRCLE #106  
City-State-Zip: JACKSONVILLE FL 32246

*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:** WENDY OWEN

**VICE PRESIDENT**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date