

No. <b>C 207914</b>		<b>Due no later than Nov 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  MORSE INSURANCE AGENCY, INC. 1000 WEKIVA SPRINGS RD LONGWOOD FL 32779		IDAHO DEPT OF INSURANCE DEAN L CAMERON 700 W JEFFERSON ST FL 3 BOISE ID 83702	
				3. <u>New</u> Registered Agent Signature: *	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
PRESIDENT	BRUCE MORSE	1000 WEKIVA SPRINGS RD	LONGWOOD	FL	32779
5. Organized Under the Laws of:  <b>FL</b> <b>C 207914</b>		6. Annual Report must be signed.* Signature: Bruce Morse Name (type or print): Bruce Morse Date: 11/15/2016 Title: President			
Processed 11/15/2016		* Electronically provided signatures are accepted as original signatures.			