

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000003789

**Entity Name:** ARCHIBALD INSURANCE CENTER, INC.

**Current Principal Place of Business:**

135 W MAIN  
REXBURG, ID 83440

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**3454530928CC**

**Current Mailing Address:**

216 S 200 W  
CEDAR CITY, UT 84720 US

**FEI Number: 82-0408012**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C  
Name SMITH, VANCE K  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title VC  
Name LEAVITT, ERIC O  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title DV  
Name COTTLE, AARON  
Address 135 W MAIN  
City-State-Zip: REXBURG ID 83440

Title D  
Name ARCHIBALD, GARY  
Address 135 W MAIN  
City-State-Zip: REXBURG ID 83440

Title S  
Name KENNEY, MARK G  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

Title T  
Name LEAVITT, MIKE  
Address 135 W MAIN  
City-State-Zip: REXBURG ID 83440

Title P  
Name JENSEN, JAKE  
Address 216 S 200 W  
City-State-Zip: CEDAR CITY UT 84720

*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: MARK G KENNEY**

**SECRETARY**

**04/18/2019**

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

\_\_\_\_\_  
Date