

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 238157

**Entity Name:** TOWNSEND SENFT CONSULTING & INSURANCE, INC.

**Current Principal Place of Business:**

18 N 6TH STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 096  
HAINES CITY, FL 33845

**FEI Number:** 59-1171647

**Certificate of Status Desired:** Yes

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

SENFT, PAUL H JR  
1910 PENINSULAR DRIVE  
HAINES CITY, FL 33844 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           | PD                  | Title           | VST                  |
| Name            | SENFT,H. PAUL, JR   | Name            | SENFT, MARY          |
| Address         | 1910 PENINSULAR DR. | Address         | 18 N 6TH ST          |
| City-State-Zip: | HAINES CITY FL      | City-State-Zip: | HAINES CITY FL 33844 |

*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:** H PAUL SENFT JR

P

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date