

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 681775

**Entity Name:** AHEARN, JASCO & COMPANY, P.A.

**Current Principal Place of Business:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060

**FEI Number:** 59-2008973

**Certificate of Status Desired:** No

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

AHEARN, THOMAS F  
190 S.E. 19 AVENUE  
POMPANO BEACH, FL 33060 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 DP  
Name AHEARN, THOMAS F  
Address 190 S.E. 19 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title VD  
Name BORKOWSKI, KATIE  
Address 190 S.E. 19 AVENUE  
City-State-Zip: POMPANO BEACH FL 33060

Title VST  
Name MCDONOUGH, REBECCA L  
Address 190 SE 19 AVE  
City-State-Zip: POMPANO BEACH FL 33060

Title VD  
Name JAUMOT, FRANK E  
Address 190 S. E. 19TH AVE.  
City-State-Zip: POMPANO BCH FL 33060

Title VD  
Name PALERMO, ANTHONY M  
Address 190 S.E. 19TH AVE.  
City-State-Zip: POMPANO BEACH FL 33060

*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:** THOMAS F AHEARN

**PRES**

**04/16/2024**

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

\_\_\_\_\_  
Date