

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F85922

Entity Name: MIKE ELLIOTT INSURANCE AGENCY, INC.**Current Principal Place of Business:**6131 MESSINA LANE
APT 408
COCOA BEACH, FL 32931-5619**Current Mailing Address:**6131 MESSINA LANE
APT 408
COCOA BEACH, FL 32931-5619 US**FEI Number:** 59-2192004**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ELLIOTT, MICHAEL L
6131 MESSINA LANE
APT 408
COCOA BEACH, FL 32931-5619 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	PRESIDENT, SECRETARY, TREASURER
Name	ELLIOTT, MICHAEL L
Address	6131 MESSINA LANE APT 408
City-State-Zip:	COCOA BEACH FL 32931-5619

Title	VICE PRESIENT
Name	ELLIOTT, TODD L
Address	6131 MESSINA LANE APT 408
City-State-Zip:	COCOA BEACH FL 32931-5619

Title	VP
Name	FORRESTAL, MICHELLE E
Address	6131 MESSINA LANE APT 408
City-State-Zip:	COCOA BEACH FL 32931

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: MICHAEL L ELLIOTT

PRESIDENT

01/23/2022

Electronic Signature of Signing Officer/Director Detail_____
Date