

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G66465

Entity Name: PARK AVENUE INSURANCE AGENCY INCORORATED**Current Principal Place of Business:**2776 SOUTH WESTERMORELAND DRIVE
ORLANDO, FL 32805**Current Mailing Address:**2776 SOUTH WESTERMORELAND DRIVE
ORLANDO, FL 32805 US**FEI Number: 59-2343384****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMPSON, BRAD
2776 SOUTH WESTMORELAND DRIVE
ORLANDO, FL 32805 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	P
Name	THOMPSON, BRAD PRES
Address	2776 SOUTH WESTMORELAND DRIVE
City-State-Zip:	ORLANDO FL

Title	VP
Name	THOMPSON, SHEILA V P
Address	2776 SOUTH WESTMORELAND DRIVE
City-State-Zip:	ORLANDO FL

Title	V
Name	DICKERSON, ALYSIA VP
Address	2776 S. WESTMORELAND DRIVE
City-State-Zip:	ORLANDO FL 32805

Title	V
Name	THOMPSON, DERRICK VP
Address	2776 SOUTH WESTERMORELAND DRIVE
City-State-Zip:	ORLANDO FL 32805

Title	V
Name	CHESANEK, ANGELA DIR
Address	2776 S. WESTMORELAND DRIVE
City-State-Zip:	ORLANDO FL 32805

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: BRADLEY THOMPSON**PRESIDENT****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date