

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110419

Entity Name: SCOTT CAMERON INSURANCE AGENCY, INC.

Current Principal Place of Business:

6333 SW STATE ROAD 200
OCALA, FL 34476

Current Mailing Address:

6333 SW STATE ROAD 200
OCALA, FL 34476 US

FEI Number: 56-2307033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMERON, SCOTT
5355 SW COLLEGE ROAD
OCALA, FL 34474 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	PRES	Title	SEC
Name	CAMERON, SCOTT J	Name	CAMERON, KAREN
Address	5355 SW COLLEGE ROAD	Address	5010 SW 2ND AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

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: SCOTT JOSEPH CAMERON

MANAGING MEMBER

03/11/2025

Electronic Signature of Signing Officer/Director Detail

Date