

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134041

Entity Name: JOE TOMECKO INSURANCE, INC.

Current Principal Place of Business:

1605 SHADY LEAF DRIVE
VALRICO, FL 33596

Current Mailing Address:

1605 SHADY LEAF DRIVE
VALRICO, FL 33596

FEI Number: 51-0438869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLBY, ALFRED A
MECHANICK NUCCIO HEARNE & WESTER, P.A.
305 SOUTH BOULEVARD
TAMPA, FL 33606 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	D	Title	D
Name	TOMECKO, JOSEPH L	Name	TOMECKO, JOSEPH L
Address	1605 SHADY LEAF DRIVE	Address	1605 SHADY LEAF DR
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596

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: JOSEPH L TOMECKO

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date