

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097613

Entity Name: STONER INSURANCE SERVICE INC.

Current Principal Place of Business:

42 N. HOMESTEAD BLVD
HOMESTEAD, FL 33030

Current Mailing Address:

PO BOX 901475
HOMESTEAD, FL 33090 US

FEI Number: 20-0244424

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONER, CHARLES K
2835 SE 5 PL
HOMESTEAD, FL 33033 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 PD
Name STONER, CHARLES K
Address 2835 SE 5 PL
City-State-Zip: HOMESTEAD FL 33033

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: CHARLES K STONER

P

04/02/2019

Electronic Signature of Signing Officer/Director Detail

Date