

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000105902

Entity Name: SCOTT E. NEUENSCHWANDER INSURANCE AGENCY, INC.

Current Principal Place of Business:

6901 OKEECHOBEE BLVD
C7
WEST PALM BEACH, FL 33411

Current Mailing Address:

6901 OKEECHOBEE BLVD
C7
WEST PALM BEACH, FL 33411

FEI Number: 20-0253398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEUENSCHWANDER, SCOTT E
6901 OKEECHOBEE BLVD
C7
WEST PALM BEACH, FL 33411 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, D
Name NEUENSCHWANDER, SCOTT E
Address 6901 OKEECHOBEE BLVD, STE C7
City-State-Zip: WEST PALM BEACH FL 33411

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 E. NEUENSCHWANDER

PRESIDENT

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date