

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000122456

**Entity Name:** DAN ADOVASIO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

7350 SHOPPES DRIVE  
SUITE 101  
VIERA, FL 32940

**Current Mailing Address:**

7350 SHOPPES DRIVE  
SUITE 101  
VIERA, FL 32940

**FEI Number:** 20-0320442

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADOVASIO, DANIEL J  
7350 SHOPPES DRIVE  
SUITE 101  
VIERA, FL 32940 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            PRESIDENT  
Name            ADOVASIO, DANIEL J  
Address        7350 SHOPPES DRIVE  
                  SUITE 101  
City-State-Zip: VIERA FL 32940

Title            VP  
Name            ADOVASIO, KATHRYN J  
Address        7350 SHOPPES DRIVE  
                  SUITE 101  
City-State-Zip: VIERA FL 32940

Title            TREASURER  
Name            ADOVASIO, DANIEL J  
Address        7350 SHOPPES DRIVE  
                  SUITE 101  
City-State-Zip: VIERA FL 32940

Title            SECRETARY  
Name            ADOVASIO, KATHRYN J  
Address        7350 SHOPPES DRIVE  
                  SUITE 101  
City-State-Zip: VIERA FL 32940

*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:** DANIEL J. ADOVASIO

**PRESIDENT/TREASURER**    02/03/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date