

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000062893

**Entity Name:** ZELLNER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

6950 PHILIPS HWY  
SUITE 46  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

PO BOX 551475  
JACKSONVILLE, FL 32255 US

**FEI Number:** 20-2794259

**Certificate of Status Desired:** No

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

SPADAFORA, JEFFREY L  
6950 PHILIPS HWY  
SUITE 46  
JACKSONVILLE, FL 32216 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  
Name            SPADAFORA, JEFFREY L  
Address        6950 PHILIPS HWY  
                  SUITE 46  
City-State-Zip: JACKSONVILLE FL 32216

Title            VP  
Name            SPADAFORA, XIOMARA  
Address        6950 PHILIPS HWY  
                  SUITE 46  
City-State-Zip: JACKSONVILLE FL 32216

*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:** XIOMARA SPADAFORA

VP

01/29/2024

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

\_\_\_\_\_  
Date