2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2025
Secretary of State
8908303521CC

DOCUMENT# P06000029499

Entity Name: BLANCHARD INSURANCE, INC.

Current Principal Place of Business:

999 DOUGLAS AVE.,
STE. 1109
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

999 DOUGLAS AVE.,
STE. 1109
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-2774750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TONSETIC, MICHAEL L PDT
999 DOUGLAS AVE.,
STE. 1109
ALTAMONTE SPRINGS, FL 32714 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: MICHAEL TONSETIC 04/30/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PDT
Name	TONSETIC, MICHAEL L
Address	999 DOUGLAS AVE., STE. 1109
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

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: MICHAEL TONSETIC PDT 04/30/2025

Electronic Signature of Signing Officer/Director Detail — Date