

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000062638

**Entity Name:** SCOTT HANSEN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110

**Current Mailing Address:**

2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110

**FEI Number:** 20-4818246

**Certificate of Status Desired:** No

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

HANSEN, SCOTT  
2930 IMMOKALEE ROAD  
1  
NAPLES, FL 34110 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 HANSEN, SCOTT E  
Address 16173 BORELLE CIR  
City-State-Zip: NAPLES FL 34110

*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 HANSEN

CEO

04/03/2024

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

\_\_\_\_\_  
Date