

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000129852

**Entity Name:** SUZANNE CHESSER INSURANCE AGENCY, INC

**Current Principal Place of Business:**

1833 SE ST LUCIE BLVD  
STUART, FL 34996

**Current Mailing Address:**

1833 SE ST LUCIE BLVD  
STUART, FL 34996 US

**FEI Number:** 20-5867772

**Certificate of Status Desired:** No

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

CHESSER, SUZANNE  
1833 SE ST LUCIE BLVD  
STUART, FL 34996 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 PVPS  
Name CHESSER, SUZANNE F  
Address 3939 OCEAN DRIVE APT A302  
City-State-Zip: VERO BEACH FL 32963

*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:** SUZANNE CHESSER

**PRES**

**01/10/2025**

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

\_\_\_\_\_  
Date