

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000001705

**Entity Name:** HOLLAND INSURANCE SERVICES, INC.**Current Principal Place of Business:**700 WEST GRANADA BLVD  
SUITE 200  
ORMOND BEACH, FL 32174**Current Mailing Address:**700 WEST GRANADA BLVD  
SUITE 200  
ORMOND BEACH, FL 32174 US**FEI Number:** 14-1877629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANTLAY, SUZANNE S  
700 WEST GRANADA BLVD  
SUITE 200  
ORMOND BEACH, FL 32174 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:** SUZANNE S. CANTLAY

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	HOLLAND, DAVID D
Address	700 WEST GRANADA BLVD SUITE 200
City-State-Zip:	ORMOND BEACH FL 32174

Title	P
Name	HOARD, KALON M
Address	700 WEST GRANADA BLVD SUITE 200
City-State-Zip:	ORMOND BEACH FL 32174

Title	SECRETARY
Name	CANTLAY, SUZANNE S
Address	700 WEST GRANADA BLVD SUITE 200
City-State-Zip:	ORMOND BEACH FL 32174

Title	TREASURER
Name	CANTLAY, SUZANNE S
Address	700 WEST GRANADA BLVD SUITE 200
City-State-Zip:	ORMOND BEACH FL 32174

*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 CANTLAY**SECRETARY**

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date