

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071122

Entity Name: BLANKENSHIP INSURANCE AGENCY INC.

Current Principal Place of Business:

1500 SHADOW PINES DR.
NEW SMYRNA BCH, FL 32168

Current Mailing Address:

1500 SHADOW PINES DR.
NEW SMYRNA BCH, FL 32168

FEI Number: 64-0958299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEABREEZE BOOKKEEPING & TAX SERVICES, LLC
441 S. RIDGEWOOD AVE.
DAYTONA BEACH, FL 33114 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 PD
Name BLANKENSHIP, JOSEPH F
Address 1500 SHADOW PINES DR.
City-State-Zip: NEW SMYRNA BCH FL 32168

Title VD
Name BLANKENSHIP, LUCAS J
Address 688 GRAPE IVY LANE
City-State-Zip: NEW SMYRNA BCH FL 32168

Title DIRECTOR
Name BLANKENSHIP, JACOB GLENN
Address 1500 SHADOW PINES DR.
City-State-Zip: NEW SMYRNA BCH FL 32168

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: JOSEPH F. BLANKENSHIP

PRESIDENT

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date