

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071122

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC6666780297**

**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 BLANKENSHIP

**PRESIDENT**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date