

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000045978

**Entity Name:** INSURANCE CENTER OF CONNERTON INC

**Current Principal Place of Business:**

6943 LAND O LAKES BLVD  
LAND O LAKES, FL 34638

**Current Mailing Address:**

PO BOX 915  
LAND O LAKES, FL 34639

**FEI Number:** 45-0595270

**Certificate of Status Desired:** No

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

GALLAGHER, JUDITH  
6943 LAND O LAKES BLVD  
LAND O LAKES, FL 34638 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 GALLAGHER, JUDITH  
Address 6943 LAND O LAKES BLVD  
City-State-Zip: LAND O LAKES FL 34638

*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:** JUDITH GALLAGHER

**PRESIDENT**

**01/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date