

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000062867

**Entity Name:** CRAIG C. BOST INSURANCE, INC.

**Current Principal Place of Business:**

208 NW MAIN ST  
WILLISTON, FL 32696

**Current Mailing Address:**

208 NW MAIN ST  
WILLISTON, FL 32696 US

**FEI Number:** 26-3612115

**Certificate of Status Desired:** No

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

BOST, CRAIG C.  
208 NW MAIN ST  
WILLISTON, FL 32696 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:** CRAIG C. BOST

01/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BOST, CRAIG C.  
Address 208 NW MAIN ST  
City-State-Zip: WILLISTON FL 32696

*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:** CRAIG C. BOST

OFFICER

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date