

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000069458

**Entity Name:** IRON LION INSURANCE, INC.

**Current Principal Place of Business:**

2411 SAND LAKE SUITE D  
ORLANDO, FL 32809

**Current Mailing Address:**

2411 SAND LAKE RD  
SUITE D  
ORLANDO, FL 32809 US

**FEI Number:** 41-2280878

**Certificate of Status Desired:** No

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

CAMPBELL, MAURICE W  
821 BAYBREEZE LANE  
ALTAMONTE SPRINGS, FL 32714 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           DIRECTOR  
Name           CAMPBELL, MAURICE  
Address        821 BAYBREEZE LANE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           PEZZINI, HERMINIA  
Address        2637 PAVLORI DR  
City-State-Zip: ORLANDO FL 32835

*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:** MAURICE CAMPBELL

**DIRECTOR**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date