

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000009393

**Entity Name:** LEBRON INSURANCE SERVICES INC

**Current Principal Place of Business:**

5116 N ARMENIA AVE  
TAMPA, FL 33603

**Current Mailing Address:**

5116 N ARMENIA AVE  
TAMPA, FL 33603 US

**FEI Number:** 27-1810154

**Certificate of Status Desired:** No

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

HASKINS, JEFFREY  
6941 BELT LINK LOOP  
WESLEY CHAPEL, FL 33545 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            HASKINS, JEFFREY  
Address        6941 BELT LINK LOOP  
City-State-Zip: WESLEY CHAPEL FL 33545

*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:** JEFFREY HASKINS

P

04/03/2024

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

\_\_\_\_\_  
Date