

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046122

Entity Name: TAG AGENCY PROFESSIONALS, INC.**Current Principal Place of Business:**3050 SCHERER DRIVE, N.
SUITE B
ST. PETERSBURG, FL 33716**Current Mailing Address:**PO BOX 2083
DUNEDIN, FL 34697 US**FEI Number:** 27-2995103**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CONNORS, GARY J
585 MAIN STREET
SUITE 201
ST. PETERSBURG, FL 34698 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	FP
Name	CONNORS, GARY J
Address	585 MAIN STREET SUITE 201
City-State-Zip:	ST. PETERSBURG FL 34698
Title	PRES, CEO
Name	MOORE, RONALD
Address	3050 SCHERER DRIVE, N. SUITE B
City-State-Zip:	ST. PETERSBURG FL 33716

Title	SECRETARY, TREASURER
Name	MARRERO, SANDRA
Address	3050 SCHERER DRIVE, N. SUITE B
City-State-Zip:	ST. PETERSBURG FL 33716
Title	VP, COO
Name	BECKER, FREDERICK
Address	3050 SCHERER DRIVE, N. SUITE B
City-State-Zip:	ST. PETERSBURG FL 33716

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: GARY CONNORS

FP

04/19/2023

Electronic Signature of Signing Officer/Director Detail_____
Date