

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000040933

**Entity Name:** PRIDE INSURANCE, INC.

**Current Principal Place of Business:**

5052 SHADY LAKE LANE  
LAKELAND, FL 33813

**Current Mailing Address:**

5052 SHADY LAKE LANE  
LAKELAND, FL 33813 US

**FEI Number:** 32-0340583

**Certificate of Status Desired:** No

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

STREETS, AMANDA F  
5052 SHADY LAKE LANE  
LAKELAND, FL 33813 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	Title	VP
Name	STREETS, AMANDA	Name	STREETS, JONATHAN
Address	5052 SHADY LAKE LANE	Address	5052 SHADY LAKE LANE
City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813

*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:** AMANDA STREETS

**PRESIDENT**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date