

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000001866

**Entity Name:** WE INSURE GROUP, INC.

**Current Principal Place of Business:**

3020 HARTLEY RD., SUITE 300  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

PO BOX 23865  
JACKSONVILLE, FL 32241 US

**FEI Number:** 46-1700687

**Certificate of Status Desired:** No

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

H. LEON HOLBROOK, III, ESQUIRE  
10151 DEERWOOD PARK BLVD.  
BUILDING 300 SUITE 300  
JACKSONVILLE, FL 32256 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 PD  
Name VISALI, PHILIP C  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name RAICES, DOMINIC  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name SCHAEFFER, GEORGE  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR  
Name FRANKEL, BRETT  
Address 3020 HARTLEY RD., SUITE 300  
City-State-Zip: JACKSONVILLE FL 32257

*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: PHILIP C. VISALI**

**PRESIDENT**

**03/24/2021**

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

\_\_\_\_\_  
Date