

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000100378

**FILED  
Apr 27, 2023  
Secretary of State  
4608545967CC**

**Entity Name:** BURNS & BURNS INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD  
SUITE 400  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD  
SUITE 400  
ORLANDO, FL 32827 US

**FEI Number: 46-4342641**

**Certificate of Status Desired: No**

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

BURNS, STANLEY  
6900 TAVISTOCK LAKES BLVD  
400  
ORLANDO, FL 32827 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 PSTD  
Name BURNS, STANLEY  
Address 6900 TAVISTOCK LAKES BLVD  
400  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name BURNS, YROJAIMA  
Address 6900 TAVISTOCK LAKES BLVD  
400  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name BURNS, BLAKE  
Address 6900 TAVISTOCK LAKES BLVD  
400  
City-State-Zip: ORLANDO FL 32827

Title D  
Name BURNS, STANLEY JR.  
Address 6900 TAVISTOCK LAKES BLVD  
400  
City-State-Zip: ORLANDO FL 32827

*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: STANLEY BURNS**

**PRESIDENT**

**04/27/2023**

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

\_\_\_\_\_  
Date