

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000041322

**Entity Name:** ABLE INSURANCE PROFESSIONALS, INC.

**Current Principal Place of Business:**

4500-140 TH AVENUE STE 101  
CLEARWATER, FL 33762

**Current Mailing Address:**

3052 BRANCH DR.  
CLEARWATER, FL 33760 US

**FEI Number:** 47-1717667

**Certificate of Status Desired:** No

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

HAMMOND, WILLIAM A  
4500-140TH AVE NO., STE.101  
CLEARWATER, FL 33762 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 DPST  
Name HAMMOND, WILLIAM A  
Address 4500 -140TH AVE., STE 101  
City-State-Zip: CLEARWATER FL 33762

*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:** WILLIAM A HAMMOND

PRES

06/25/2020

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

\_\_\_\_\_ Date