

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000041322

Entity Name: ABLE INSURANCE PROFESSIONALS, INC.

Current Principal Place of Business:

4600-140 TH AVENUE STE 180
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
4600-140 TH AVENUE STE 180
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 4600-140 TH AVENUE STE 180
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 HAMMOND

PRESIDENT

05/01/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date