

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000047074

**Entity Name:** CORRAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

358 STORY RD  
SUITE B  
OCOEE, FL 34761

**Current Mailing Address:**

PO BOX 143  
OCOEE, FL 34761 US

**FEI Number:** 47-4209762

**Certificate of Status Desired:** No

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

CORRAL, MARIA DOLORES  
358 STORY RD  
SUITE B  
OCOEE, FL 34761 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            PRES  
Name            CORRAL, MARIA DOLORES  
Address        PO BOX 143  
City-State-Zip: OCOEE FL 34761

*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:** MARIA DOLORES CORRAL

**PRESIDENT**

**04/27/2019**

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

\_\_\_\_\_  
Date