

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000047074

Entity Name: CORRAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

319 W MAIN ST
SUITE B
APOPKA, FL 32712

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
319 W MAIN ST
SUITE B
APOPKA, FL 32712 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 CORRAL

PRESIDENT

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date