

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000059965

Entity Name: PARISH INSURANCE AGENCY, INC.

Current Principal Place of Business:

4590 ULMERTON RD
SUITE 107
CLEARWATER, FL 33762

Current Mailing Address:

4590 ULMERTON RD
SUITE 107
CLEARWATER, FL 33762 US

FEI Number: 47-4635083

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KILROY, MIKKEN
8160 LAUREL COURT
SEMINOLE, FL 33776 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: MIKKEN KILROY

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-------------------|-----------------|-------------------|
| Title | P, D | Title | T, S |
| Name | KILROY, MIKKEN | Name | KILROY, MIKKEN |
| Address | 8160 LAUREL COURT | Address | 8160 LAUREL COURT |
| City-State-Zip: | SEMINOLE FL 33776 | City-State-Zip: | SEMINOLE FL 33776 |

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: MIKKEN KILROY

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date