

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000017083

Entity Name: TWIN PALMS INSURANCE GROUP, INC.

Current Principal Place of Business:

1615 FORUM PLACE
5TH FLOOR SUITE 501
WEST PALM BEACH, FL 33401

Current Mailing Address:

1615 FORUM PLACE
5TH FLOOR SUITE 501
WEST PALM BEACH, FL 33401 US

FEI Number: 81-5422879

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE LAW OFFICE OF PAUL A. KRASKER, P.A.
1615 FORUM PLACE
5TH FLOOR
WEST PALM BEACH, FL 33401 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 P
Name SMITH, BRANDON M.
Address 1615 FORUM PLACE
5TH FLOOR SUITE 501
City-State-Zip: WEST PALM BEACH FL 33401

Title V
Name SMITH, DAVID M.
Address 1615 FORUM PLACE
5TH FLOOR SUITE 501
City-State-Zip: WEST PALM BEACH FL 33401

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: BRANDON SMITH

P

03/25/2025

Electronic Signature of Signing Officer/Director Detail

Date