

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000034895

**Entity Name:** ENCOMPASS DEALER SOLUTIONS INC

**Current Principal Place of Business:**

4630 MCINTOSH RD  
K - 1  
DOVER, FL 33527

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**7481523410CC**

**Current Mailing Address:**

11214 E DR MLK JR BLVD #322  
SEFFNER, FL 33584 US

**FEI Number: 83-4343565**

**Certificate of Status Desired: No**

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

REAM, PATRICIA  
11214 E DR MLK JR BLVD #322  
SEFFNER, FL 33584 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 R, KELLY P  
Address 11214 E DR MLK JR BLVD #322  
City-State-Zip: SEFFNER FL 33584

Title VP  
Name REAM, PATRICIA  
Address 11214 E DR MLK JR BLVD #322  
City-State-Zip: SEFFNER FL 33584

Title SEC  
Name REAM, KELLY P  
Address 11214 E DR MLK JR BLVD #322  
City-State-Zip: SEFFNER FL 33584

*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: KELLY REAM**

**PRESIDENT**

**04/29/2024**

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

\_\_\_\_\_  
Date