

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000016209

Entity Name: SANTORE INSURANCE GROUP, INC.**Current Principal Place of Business:**6245 N FEDERAL HIGHWAY
SUITE 320
FORT LAUDERDALE, FL 33308**Current Mailing Address:**550 BAYSHORE DR
UNIT 205
FORT LAUDERDALE, FL 33304 US**FEI Number:** 85-1385904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTORE, JOSEPH A
550 BAYSHORE DR
UNIT 205
FORT LAUDERDALE, FL 33304 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	PRESIDENT
Name	SANTORE, JOSEPH A
Address	550 BAYSHORE DR UNIT 205
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	T
Name	SANTORE, JOSEPH A
Address	550 BAYSHORE DR UNIT 205
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	S
Name	SANTORE, JOSEPH A
Address	550 BAYSHORE DR UNIT 205
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	VP
Name	SANTORE, ANDREW J
Address	5584 ARBOR CLUB WAY UNIT 9
City-State-Zip:	BOCA RATON FL 33433

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: JOSEPH A SANTORE**PRESIDENT****01/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date