

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000063702

**Entity Name:** 2 SONS INSURANCE CO.

**Current Principal Place of Business:**

1214 PENSACOLA CT  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1214 PENSACOLA CT  
KISSIMMEE, FL 34744

**FEI Number:** 85-2689070

**Certificate of Status Desired:** No

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

RAMIREZ, ESTHERFI  
1214 PENSACOLA CT  
KISSIMMEE, FL 34744 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 RAMIREZ, ESTHERFI  
Address 1214 PENSACOLA CT  
City-State-Zip: KISSIMMEE FL 34744

*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:** ESTHERFI RAMIREZ

P

04/25/2023

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

\_\_\_\_\_  
Date