

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000007615

Entity Name: AARON M. JENKINS INSURANCE SERVICES, INC.

Current Principal Place of Business:

501 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

501 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433

FEI Number: 27-4430996

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENKINS, AARON M
501 US HWY 90 W
DEFUNIAK SPRINGS, FL 32433 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 JENKINS, AARON M
Address 501 US HWY 90 W
City-State-Zip: DEFUNIAK SPRINGS FL 32433

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: AARON M. JENKINS

PRESIDENT

02/05/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date