

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000081376

**Entity Name:** CNB INSURANCE, INC.

**Current Principal Place of Business:**

1201 S. ORLANDO AVENUE, SUITE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

1201 S. ORLANDO AVENUE, SUITE 100  
WINTER PARK, FL 32789

**FEI Number:** 87-2673721

**Certificate of Status Desired:** No

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

COLADORAY, D  
1201 S. ORLANDO AVENUE, SUITE 100  
WINTER PARK, FL 32789 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 DIRECTOR  
Name COLADO, RAY D.  
Address 1201 S. ORLANDO AVENUE, SUITE 100  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name RAVNDAL, ERIC  
Address 1201 S. ORLANDO AVENUE, SUITE 100  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name BUZZERIO, DANIELE  
Address 1201 SOUTH ORLANDO AVENUE SUITE 100  
City-State-Zip: WINTER PARK FL 32789

*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:** DANIELE BUZZERIO

**SECRETARY**

**01/22/2024**

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

\_\_\_\_\_  
Date