

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000050272

**Entity Name:** JACQUIE L. HERNANDEZ, INC.

**Current Principal Place of Business:**

3155 FOREST BREEZE WAY  
SAINT CLOUD, FL 34771

**Current Mailing Address:**

3155 FOREST BREEZE WAY  
SAINT CLOUD, FL 34771 US

**FEI Number:** 59-3200794

**Certificate of Status Desired:** No

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

HERNANDEZ, JACQUIE L  
3155 FOREST BREEZE WAY  
ST. CLOUD, FL 34771 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 HERNANDEZ, JACQUIE L  
Address 3155 FOREST BREEZE WAY  
City-State-Zip: ST. CLOUD FL 34771

Title VP  
Name HERNANDEZ, JACQUIE L  
Address 3155 FOREST BREEZE WAY  
City-State-Zip: ST. CLOUD FL 34771

Title S  
Name HERNANDEZ, JACQUIE  
Address 3155 FOREST BREEZE WAY  
City-State-Zip: ST. CLOUD FL 34771

Title T  
Name MILLER, STEVEN J  
Address 990 SHETLAND AVENUE  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** JACQUIE L HERNANDEZ

**PRESIDENT**

**01/16/2024**

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

\_\_\_\_\_  
Date