

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000057116

**Entity Name:** CF INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

218 SOUTH LAKE AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

PO BOX 1189  
APOPKA, FL 32704 US

**FEI Number: 59-3260662**

**Certificate of Status Desired: No**

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

DECLUE, LESTER  
322 BAHIA MAR DRIVE  
APOPKA, FL 32712 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 PD  
Name DECLUE, LESTER  
Address PO BOX 1189  
City-State-Zip: APOPKA FL 32704

Title SD  
Name DECLUE, CHRISTOPHER  
Address 218 SOUTH LAKE AVENUE  
City-State-Zip: APOPKA FL 32703

Title TD  
Name ST GERMAIN, MELINDA  
Address 3408 KILMARNOCK DR.  
City-State-Zip: APOPKA FL 32712

Title D  
Name DECLUE, JONATHAN  
Address 218 SOUTH LAKE AVENUE  
City-State-Zip: APOPKA FL 32703

Title D  
Name DECLUE, MATTHEW  
Address 218 SOUTH LAKE AVENUE  
City-State-Zip: APOPKA FL 32703

*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: MELINDA ST GERMAIN**

**TREASURER**

**04/09/2024**

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

\_\_\_\_\_  
Date