

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000021283

**Entity Name:** L.G. EDWARDS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

14111 7TH ST  
DADE CITY, FL 33525

**Current Mailing Address:**

P O BOX 1548  
DADE CITY, FL 33526-1548 US

**FEI Number:** 59-3307254

**Certificate of Status Desired:** No

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

COTTON, JULIE  
14144 6TH STREET  
DADE CITY, FL 33525 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:** JULIE COTTON

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ELLETT, MARCIA  
Address 2901 SW 70TH LANE  
City-State-Zip: GAINSVILLE FL 32608

*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:** MARCIA ELLETT

P

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date