

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000086086

**Entity Name:** KIM VOLE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8169 US HWY 301  
PARRISH, FL 34219

**Current Mailing Address:**

PO BOX 557  
ELLENTON, FL 34222

**FEI Number:** 65-0789204

**Certificate of Status Desired:** No

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

VOLE, KIM  
8169 US HWY 301  
PARRISH, FL 34219 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	DPS	Title	T
Name	VOLE, KIM	Name	VOLE, PETER
Address	PO BOX 557	Address	PO BOX 557
City-State-Zip:	ELLENTON FL 34222	City-State-Zip:	ELLENTON FL 34222

*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:** PETER VOLE III

TRES

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date