

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091801

Entity Name: FIDDLER'S CREEK INSURANCE AGENCY, INC.**Current Principal Place of Business:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**Current Mailing Address:**8156 FIDDLER'S CREEK PARKWAY
NAPLES, FL 34114**FEI Number:** 65-0958849**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP
Name	PARISI, JOSEPH L
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR, PRESIDENT
Name	FERRAO, AUBREY J
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	SECRETARY
Name	FERRAO, MARISSA
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

Title	TREASURER
Name	FERRAO, DANIEL A
Address	8156 FIDDLER'S CREEK PARKWAY
City-State-Zip:	NAPLES FL 34114

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: DANIEL FERRAO**TREASURER****03/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date