

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004401

Entity Name: BLUE BRIDLE INSURANCE AGENCY, INC.

Current Principal Place of Business:

654 COUNTY ROAD 513
ALEXANDRIA, NJ 08867

Current Mailing Address:

P. O. BOX 27
PITTSOWN, NJ 08867 US

FEI Number: 22-3179612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATCH, JOHN DESQ
1267 BERKSHIRE LANE SUITE 200
TARPON SPRINGS, FL 34688 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 MANA
Name HUDOCK, NANCY E
Address 654 COUNTY ROAD 513
City-State-Zip: PITTSOWN NJ 08867

Title PRES
Name LAVIN, KEVIN S
Address P. O. BOX 1001
City-State-Zip: PEWEE VALLEY KY 40056

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: HUDOCK, NANCY E

MANAGER/DIRECTOR

01/28/2023

Electronic Signature of Signing Officer/Director Detail

Date