

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005483

**Entity Name:** CHAS. M. MOORE INSURANCE AGENCY, INCORPORATED**Current Principal Place of Business:**1007 STATE ST.  
BOWLING GREEN, KY 42101**Current Mailing Address:**1007 STATE ST.  
BOWLING GREEN, KY 42101**FEI Number: 61-0607472****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR  
SUITE A  
TALLAHASSEE, FL 32301 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            PRESIDENT, DIRECTOR  
Name            ADAMS, WILLIAM T  
Address        1007 STATE ST.  
City-State-Zip: BOWLING GREEN KY 42101Title            VP, DIRECTOR  
Name            ADAMS, CHARLES M  
Address        1007 STATE ST.  
City-State-Zip: BOWLING GREEN KY 42101Title            SECRETARY  
Name            ADAMS, FELTON  
Address        1007 STATE ST.  
City-State-Zip: BOWLING GREEN KY 42101Title            VP, DIRECTOR  
Name            CLARKE, CHARLES J  
Address        1007 STATE ST.  
City-State-Zip: BOWLING GREEN KY 42101

*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: WILLIAM T ADAMS****PRESIDENT****04/04/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date