

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000004385

Entity Name: GLAZD INSURANCE SERVICES, INC**Current Principal Place of Business:**1818 PARMENTER ST STE 400
MIDDLETON, WI 53562**Current Mailing Address:**PO BOX 620523
MIDDLETON, WI 53562 US**FEI Number: 85-2871845****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HWY 1
N PALM BCH, FL 33408 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	CPCO
Name	WALL, TERRENCE
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

Title	COO
Name	HOLLMAN, AUSTIN
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

Title	DIR
Name	KLUG, SCOTT
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

Title	DIR
Name	HERSHBERGER, MICHAEL
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

Title	TREA
Name	REDDEMAN, JUSTIN
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

Title	DIR
Name	HAUSMANN, ERIK
Address	1818 PARMENTER ST STE 400
City-State-Zip:	MIDDLETON WI 53562

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: WALL , TERRENCE**PRESIDENT****04/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date