

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 123761

Entity Name: DONOVAN INSURANCE, INC.

Current Principal Place of Business:

6267 DUPONT STATION CT
JACKSONVILLE, FL 32217

Current Mailing Address:

P.O. BOX 24960
JACKSONVILLE, FL 32241-1960

FEI Number: 59-0281700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONOVAN, BRIAN P
6267 DUPONT STATION CT
JACKSONVILLE, FL 32217 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: BRIAN P DONOVAN

04/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DONOVAN, THOMAS W. JR.
Address 6267 DUPONT STATION CT
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT
Name DONOVAN, BRIAN P
Address 6267 DUPONT STATION CT
City-State-Zip: JACKSONVILLE FL 32217

Title VP
Name ABERCROMBIE, JAMES E III
Address 6267 DUPONT STATION CT
City-State-Zip: JACKSONVILLE FL 32217

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: BRIAN DONOVAN

PRESIDENT

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date