

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 314303

Entity Name: ART JANES INSURANCE, INC.**Current Principal Place of Business:**815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER, FL 33573**Current Mailing Address:**815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER, FL 33573 US**FEI Number:** 59-1204488**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JANES , ARTHUR WESLEY II
815 B CYPRESS VILLAGE BLVD.
SUNCITY CENTER, FL 33573 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:** ARTHUR WESLEY JANES

01/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	II JANES, ARTHUR W
Address	815 B CYPRESS VILLAGE BLVD.
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	YOHO, JOHN D
Address	815 B CYPRESS VILLAGE BLVD.
City-State-Zip:	SUNCITY CENTER FL 33573

Title	VP
Name	JANES, ASHLEY NICHOLE
Address	815 B CYPRESS VILLAGE BLVD.
City-State-Zip:	SUNCITY CENTER FL 33573

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: II JANES , ARTHUR W

PRESIDENT

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date