

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 461112

**Entity Name:** GEORGE H. ODIORNE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1206 N. PARSONS AVE.  
BRANDON, FL 33510

**Current Mailing Address:**

P.O. BOX 830  
BRANDON, FL 33509

**FEI Number: 59-1558491**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ODIORNE, THOMAS WARREN  
1206 N. PARSONS AVE.  
BRANDON, FL 33510 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: THOMAS W. ODIORNE**

**04/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ODIORNE, THOMAS W  
Address        1206 N. PARSONS AVE  
City-State-Zip: BRANDON FL 33510

Title            VP  
Name            ODIORNE, STEVEN F  
Address        1206 N. PARSON AVE  
City-State-Zip: BRANDON FL 33510

*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: THOMAS W ODIORNE**

**PRESIDENT**

**04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date