#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 466724**

Entity Name: COMEGYS INSURANCE AGENCY, INC.

# **Current Principal Place of Business:**

ONE BEACH DR S.E. STE 230 ST PETERSBURG, FL 33701

# **Current Mailing Address:**

P O BOX 1438 ST PETERSBURG, FL 33731 US

# FEI Number: 59-1572322

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

BERSET, LINDA C ONE BEACH DR S.E. STE 230 ST.PETERSBURG, FL 33701 US FILED Jan 28, 2024 Secretary of State 0918459053CC

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	CEO	Title	PRESIDENT
Name	BERSET, MARK S	Name	BERSET, LINDA C
Address	1050 FRIENDLY WAY S	Address	1050 FRIENDLY WAY S
City-State-Zip:	SAINT PETERSBURG FL 33705	City-State-Zip:	SAINT PETERSBURG FL 33705
Title	SEC	Title	VP
Name	BERSET, MARK S	Name	BERSET, DEREK S
Address	1050 FRIENDLY WAY S	Address	1 BEACH DR SE SUITE 230
City-State-Zip:	SAINT PETERSBURG FL 33705	City-State-Zip:	ST PETERSBURG FL 33701
Title	VP	Title	TREASURER
Name	HARRIS, KRISTEN B	Name	BERSET, JASON N
Address	1050 FRIENDLY WAY S	Address	ONE BEACH DR S.E.
City-State-Zip:	ST PETERSBURG FL 33705		STE 230
		City-State-Zip:	ST PETERSBURG FL 33701

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: MARK S BERSET

CEO

Electronic Signature of Signing Officer/Director Detail

Date