

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 575086

**Entity Name:** P.J.K. INSURANCE, INC.

**Current Principal Place of Business:**

6650 NW 87TH AVE  
PARKLAND, FL 33067

**Current Mailing Address:**

6650 NW 87TH AVENUE  
PARKLAND, FL 33067

**FEI Number:** 59-1861410

**Certificate of Status Desired:** No

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

JACKSON, KATHLEEN  
6650 NW 87TH AVENUE  
PARKLAND, FL 33067 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            P  
Name            JACKSON, KATHLEEN KANE  
Address        6650 NW 87TH AVENUE  
City-State-Zip: PARKLAND FL 33067

*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:** KATHLEEN JACKSON

**PRESIDENT**

**02/26/2017**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date