

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 597315

**Entity Name:** SMITH & THOMAS INSURANCE, INC.

**Current Principal Place of Business:**

115 ROGERS TERRACE  
LAKELAND, FL 33803

**Current Mailing Address:**

3616 HARDEN BLVD #352  
LAKELAND  
LAKELAND, FL 33803 US

**FEI Number:** 59-1852916

**Certificate of Status Desired:** No

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

THOMAS, WILLIAM CJR  
115 ROGERS TERRACE  
LAKELAND, FL 33803 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 PD  
Name THOMAS, WILLIAM C., JR  
Address 3616 HARDEN BLVD, #352  
City-State-Zip: LAKELAND FL 33803

Title SD  
Name THOMAS, WILLIAM C. JR.  
Address 3616 HARDEN BLVD, #352  
City-State-Zip: LAKELAND FL 33803

*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:** WILLIAM C THOMAS

**PRES**

**01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date