#### 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 667651** 

Entity Name: INSURANCE SERVICES OF CENTRAL FLORIDA, INC.

FILED
Mar 07, 2025
Secretary of State
5026919106CC

### **Current Principal Place of Business:**

790 MONROE RD SANFORD. FL 32771

## **Current Mailing Address:**

PO BOX 952764

LAKE MARY. FL 32795 US

FEI Number: 58-1396030 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CLEVELAND, JAMES W 3341 HORSESHOE BEND CT. LONGWOOD, FL 32799 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: JAMES CLEVELAND 03/07/2025

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT, CEO Title SECRETARY, TREASURER
Name CLEVELAND, JAMES Name WALKER, ROBERT T

Address 790 MONROE RD Address 790 MONROE RD

City-State-Zip: SANFORD FL 32771 City-State-Zip: SANFORD FL 32771

Title VICE PRESIDENT - OPERATIONS

Name CLEVELAND, TRISHA R

Address 790 MONROE RD
City-State-Zip: SANFORD FL 32771

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: JAMES CLEVELAND

**PRESIDENT** 

03/07/2025