

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G78507

**Entity Name:** LEON MORSON INSURANCE INC.

**Current Principal Place of Business:**

10025 SW 62 CIRCLE  
OCALA, FL 34476

**Current Mailing Address:**

10025 SW 62 CIRCLE  
OCALA, FL 34476 US

**FEI Number:** 59-2368223

**Certificate of Status Desired:** No

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

BONNIE RAMSEY  
10025 SW 62 CIRCLE  
OCALA, FL 34476 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 RAMSEY, BONNIE  
Address 10025 SW 62 CIRCLE  
City-State-Zip: Ocala FL 34476

*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:** BONNIE RAMSEY

**PRES**

**04/11/2019**

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

\_\_\_\_\_  
Date