

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G81595

Entity Name: W.F. ROEMER INSURANCE AGENCY, INC.**Current Principal Place of Business:**3775 NW 124TH AVE
CORAL SPRINGS, FL 33065**Current Mailing Address:**3775 NW 124TH AVE
CORAL SPRINGS, FL 33065 US**FEI Number:** 59-2342037**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWD III, WILLIAM F
3775 NW 124TH AVE
CORAL SPRINGS, FL 33065 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	PRESIDENT, CEO
Name	DOWD, WILLIAM F
Address	3775 NW 124TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	REMES, JONATHAN F
Address	3775 NW 124TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	DOWD, WILLIAM F III
Address	3775 NW 124TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR, SECRETARY
Name	TRUSSELL, KAREN E
Address	3775 NW 124TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	DOWD, MICHAEL R
Address	3775 NW 124TH AVE
City-State-Zip:	CORAL SPRINGS FL 33065

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 F DOWD III**DIRECTOR****12/20/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date