

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22957

Entity Name: A & C INSURANCE, INC.**Current Principal Place of Business:**310 N BABCOCK ST
MELBOURNE, FL 32935**Current Mailing Address:**310 N BABCOCK ST
MELBOURNE, FL 32935 US**FEI Number:** 59-2892137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GLISSON, KRISTY.
310 N. BABCOCK STREET
MELBOURNE, FL 32935 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	GLISSON, KRISTY
Address	429 RED SAIL WAY
City-State-Zip:	SATELLITE BEACH FL 32937

Title	D
Name	GLISSON, KRISTY
Address	310 N BABCOCK ST
City-State-Zip:	MELBOURNE FL 32935

Title	VP
Name	GLISSON, WAYNE O
Address	429 RED SAIL WAY
City-State-Zip:	SATELLITE BEACH FL 32937

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: KRISTY GLISSON

PRESIDENT

03/15/2021

Electronic Signature of Signing Officer/Director Detail_____
Date