

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K52600

**Entity Name:** POAG SURETY AND INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

1 SLEIMAN PARKWAY  
SUITE 130  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4446 HENDRICKS AVE  
BOX 413 1A  
JACKSONVILLE, FL 32207 US

**FEI Number:** 59-2925205

**Certificate of Status Desired:** No

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

POAG, DONALD HJR.  
1 SLEIMAN PARKWAY  
SUITE # 130  
JACKSONVILLE, FL 32216 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:** DONALD H. POAG, JR.

02/07/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name POAG, DONALD HJR.  
Address 3967 MEADOWVIEW DRIVE NORTH  
City-State-Zip: JACKSONVILLE FL 32225

*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:** DONALD H. POAG, JR.

PRESIDENT

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date