

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76120

Entity Name: SANDY WASSON & ASSOCIATES INSURANCE, INC.**Current Principal Place of Business:**9067 BELCHER RD
PINELLAS PARK, FL 33782**Current Mailing Address:**PO BOX 130
CEDAR CITY, UT 84721-0135 US**FEI Number:** 59-2939267**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, VP
Name WASSON, CHARLES L III
Address 9067 BELCHER RD
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name WASSON, CHRISTOPHER E.
Address 9067 BELCHER ROAD
City-State-Zip: PINELLAS PARK FL 33782

Title DIRECTOR
Name SMITH, VANCE K
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name LEAVITT , ERIC O.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title PRESIDENT, DIRECTOR
Name DALLEY, CAYLOR J
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title SECRETARY
Name GRADY, KEVIN P.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name LEAVITT, MARK O.
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name CALLISTER, JOSEPH
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Continues on page 2

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: ROCKY HALLOWS

4/5/2025

04/05/2025

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PERSKY, JON
Address 9067 BELCHER RD
City-State-Zip: PINELLAS PARK FL 33782

Title ASST. CORP. SECRETARY
Name HALLOWS, ROCKY
Address PO BOX 130
City-State-Zip: CEDAR CITY UT 84721-0135

Title DIRECTOR
Name LATHROP, REBECCA
Address 9067 BELCHER RD
City-State-Zip: PINELLAS PARK FL 33782