

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L30105

Entity Name: ROBERT J. KALEITA INSURANCE AGENCY, INC.

Current Principal Place of Business:

11924 W FOREST HILL BLVD
SUITE 10A-312
WELLINGTON, FL 33414

Current Mailing Address:

PO BOX 159
OLD TOWN, FL 32680 US

FEI Number: 65-0155645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALEITA, ROBERT J.
11924 W FOREST HILL BLVD
SUITE 10A-312
WELLINGTON, FL 33414 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 D
Name KALEITA, ROBERT J
Address PO BOX 159
City-State-Zip: OLD TOWN FL 32680

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: ROBERT J KALEITA

PRESIDENT

03/01/2025

Electronic Signature of Signing Officer/Director Detail

Date