

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000083894

**Entity Name:** MICHAEL G. PENNEY INSURANCE, INC.

**Current Principal Place of Business:**

1089 WEST MORSE BLVD.  
SUITE C  
WINTER PARK, FL 32789

**Current Mailing Address:**

1089 WEST MORSE BLVD.  
SUITE C  
WINTER PARK, FL 32789 US

**FEI Number:** 27-0032554

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324 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 PST  
Name PENNEY, MICHAEL G  
Address 1089 WEST MORSE BLVD., SUITE C  
City-State-Zip: WINTER PARK FL 32789

Title ASST. SECRETARY  
Name MALDONADO, MELVIN  
Address 1089 WEST MORSE BLVD.  
SUITE C  
City-State-Zip: WINTER PARK FL 32789

*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:** MELVIN MALDONADO

**ASSIST. SECRETARY**

**01/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date