

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000005251

**Entity Name:** SYLVIA P. RUSCHE' INSURANCE AGENCY, INC.

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**4563849089CC**

**Current Principal Place of Business:**

6250 KIPPS COLONY CT  
#103  
GULFPORT , FL 33707

**Current Mailing Address:**

6250 KIPPS COLONY CT  
#103  
GULFPORT , FL 33707 US

**FEI Number: 06-1671826**

**Certificate of Status Desired: No**

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

RILEY, STEVEN PESQ.  
4805 W. LAUREL STREET  
SUITE 230  
TAMPA, FL 33607 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 P  
Name RUSCHE', SYLVIA P  
Address 6250 KIPPS COLONY CT  
103  
City-State-Zip: GULFPORT FL 33707

Title VP  
Name RUSCHE', SYLVIA P  
Address 6250 KIPPS COLONY CT  
103  
City-State-Zip: GULFPORT FL 33707

Title S  
Name RUSCHE', SYLVIA P  
Address 6250 KIPPS COLONY CT  
103  
City-State-Zip: GULFPORT FL 33707

Title T  
Name RUSCHE', SYLVIA P  
Address 6250 KIPPS COLONY CT  
103  
City-State-Zip: GULFPORT FL 33707

*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: SYLVIA P RUSCHE**

**PRESIDENT**

**04/29/2019**

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

\_\_\_\_\_  
Date