

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018956

Entity Name: RENEE H. DORMINEY INSURANCE SERVICES, INC.

Current Principal Place of Business:

4841 REED AVE.
JACKSONVILLE, FL 32257

Current Mailing Address:

4841 REED AVE.
JACKSONVILLE, FL 32257

FEI Number: 37-1458361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DORMINEY, RENEE H
4841 REED AVE.
JACKSONVILLE, FL 32257 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 PSTD
Name DORMINEY, RENEE
Address 4841 REED AVE.
City-State-Zip: JACKSONVILLE FL 32257

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: RENEE DORMINEY

PRESIDENT

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date