

**2021 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**

**01/13/2021**

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

\_\_\_\_\_  
Date