

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000033016

**Entity Name:** TRUMP INSURANCE, INC.

**Current Principal Place of Business:**

13139 66TH STREET NORTH  
LARGO, FL 33773

**Current Mailing Address:**

13139 66TH STREET NORTH  
LARGO, FL 33773

**FEI Number:** 14-1876832

**Certificate of Status Desired:** No

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

TRUMP, WILLIAM F  
13139 66TH STREET NORTH  
LARGO, FL 33773 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	Title	SOD
Name	TRUMP, WILLIAM F	Name	TRUMP, AIMEE S
Address	13139 66TH STREET NORTH	Address	13139 66TH STREET NORTH
City-State-Zip:	LARGO FL 33773	City-State-Zip:	LARGO FL 33773

*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:** WILLIAM F. TRUMP

**PRESIDENT**

**04/03/2023**

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

\_\_\_\_\_  
Date