

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000087742

**Entity Name:** LENNON INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

838 E NEW YORK AVENUE  
DELAND, FL 32724

**Current Mailing Address:**

P.O. BOX 11  
DELAND, FL 32721

**FEI Number: 56-2396651**

**Certificate of Status Desired: Yes**

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

LENNON, DONNA  
838 E NEW YORK AVENUE  
DELAND, FL 32724 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            PRESIDENT, SECRETARY  
Name            LENNON, DONNA  
Address        208 THISTLEDOWN ST  
City-State-Zip: DELAND FL 32724

Title            1ST VICE PRESIDENT, ASST.  
SECRETARY  
Name            LENNON, ROSS  
Address        P.O. BOX 11  
City-State-Zip: DELAND FL 32721

Title            2ND VICE PRESIDENT, TREASURER  
Name            LENNON, BROOKE  
Address        2474 N ORANGE AVENUE  
City-State-Zip: DELAND FL 32724

*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: DONNA LENNON**

**PRESIDENT**

**01/13/2021**

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

\_\_\_\_\_  
Date