# 2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036887

Entity Name: LORI PONS INSURANCE AGENCY, INC.

#### Current Principal Place of Business:

429 S TYNDALL PKWY SUITE A PANAMA CITY, FL 32404

# **Current Mailing Address:**

2669 FEROL LN LYNN HAVEN, FL 32444

# FEI Number: 20-0787886

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

PONS, LORI G 429 S TYNDALL PKWY SUITE A PANAMA CITY, FL 32404 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

# Officer/Director Detail :

TitlePNamePONS, LORI GAddress429 S TYNDALL PKWY, SUITE ACity-State-Zip:PANAMA CITY FL 32404

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: LORI G PONS

PRESIDENT

02/07/2023 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 07, 2023 Secretary of State 7187830325CC

Certificate of Status Desired: No

Date