

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000144073

**Entity Name:** JAMIE GIOIA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

5030 WEST SR 46  
SUITE 1000  
SANFORD, FL 32771

**Current Mailing Address:**

5030 WEST SR 46  
SUITE 1000  
SANFORD, FL 32771 US

**FEI Number:** 59-3785756

**Certificate of Status Desired:** No

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

GIOIA, JAMIE  
5336 VISTA CLUB RUN  
SANFORD, FL 32771 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	PD	Title	VP
Name	GIOIA, JAMIE	Name	GIOIA, NIQUITA
Address	5336 VISTA CLUB RUN	Address	5336 VISTA CLUB RUN
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	SANFORD FL 32771

*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:** JAMIE GIOIA

**PRESIDENT**

**02/08/2024**

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

\_\_\_\_\_  
Date