

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082298

**Entity Name:** JD ASSURED FINANCIAL SERVICES, INC

**Current Principal Place of Business:**

4651 SALISBURY RD  
SUITE 400, UNIT 451  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY RD  
400  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-2939341

**Certificate of Status Desired:** No

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

DELISCA, JEANSO  
4651 SALISBURY RD  
400, UNIT 451  
JACKSONVILLE, FL 32256 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 P  
Name DELISCA, JEANSO  
Address 4651 SALISBURY RD  
400, UNIT 451  
City-State-Zip: JACKSONVILLE FL 32256

*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:** JEANSO DELISCA

**PRESIDENT**

**04/20/2024**

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

\_\_\_\_\_  
Date