

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000000080

**Entity Name:** FARRELL REALTY & INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

701 OHIO AVE  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

PO BOX 250  
LYNN HAVEN, FL 32444

**FEI Number:** 20-8475684

**Certificate of Status Desired:** No

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

FARRELL, TIMOTHY M  
701 OHIO AVE  
LYNN HAVEN, FL 32444 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 PRES  
Name FARRELL, TIMOTHY M  
Address 104 ALABAMA AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title VP  
Name FARRELL, TIMOTHY M  
Address 104 ALABAMA AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title TREA  
Name FARRELL, TIMOTHY M  
Address 104 ALABAMA AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

Title SECR  
Name FARRELL, TIMOTHY M  
Address 104 ALABAMA AVENUE  
City-State-Zip: LYNN HAVEN FL 32444

*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:** TIMOTHY M FARRELL

**PRESIDENT**

**01/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date