

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000068536

**Entity Name:** DAN CAVIN INSURANCE AGENCY, INC \*\*\*SEE NOTE\*\*\*

**Current Principal Place of Business:**

3650 FOREST HILL BLVD,  
STE 3  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3650 FOREST HILL BLVD,  
STE 3  
WEST PALM BEACH, FL 33406 US

**FEI Number:** 26-0350526

**Certificate of Status Desired:** No

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

CAVIN, DANIEL  
9478 WORSWICK CT  
WELLINGTON, FL 33414 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 PVST  
Name CAVIN, DANIEL  
Address 9478 WORSWICK CT  
City-State-Zip: WELLINGTON FL 33414

Title ASST. TREASURER  
Name CAVIN, NANCY JAYNE  
Address 3650 FOREST HILL BLVD,  
STE 3  
City-State-Zip: WEST PALM BEACH FL 33406

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:** DANIEL CAVIN

**OWNER**

**01/14/2025**

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

\_\_\_\_\_  
Date