

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000080924

**Entity Name:** CANTY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

4765 HODGES BLVD.  
SUITE 9  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4765 HODGES BLVD.  
SUITE 9  
JACKSONVILLE, FL 32224 US

**FEI Number: 26-0559903**

**Certificate of Status Desired: No**

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

CANTY, STEPHEN D  
4765 HODGES BLVD.  
SUITE 9  
JACKSONVILLE , FL 32224 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           DIRECTOR, PRESIDENT  
Name           CANTY, STEPHEN D  
Address        4765 HODGES BLVD.  
                  SUITE 9  
City-State-Zip: JACKSONVILLE FL 32224

Title           DIRECTOR, VP, SECRETARY  
Name           CANTY, RITA B  
Address        4765 HODGES BLVD.  
                  SUITE 9  
City-State-Zip: JACKSONVILLE FL 32224

*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: RITA CANTY**

**VP**

**04/16/2019**

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

\_\_\_\_\_  
Date