

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000135248

**Entity Name:** ALDRICH INSURANCE AND FINANCIAL SERVICES, INC

**Current Principal Place of Business:**

10004 CORTEZ BLVD.  
WEEKI WACHEE, FL 34613

**Current Mailing Address:**

10004 CORTEZ BLVD.  
WEEKI WACHEE, FL 34613 US

**FEI Number: 26-1595392**

**Certificate of Status Desired: No**

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

ALDRICH, JASON  
13102 SADDLE WAY  
BROOKSVILLE , FL 34614 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, D	Title	VP, D
Name	ALDRICH, JASON	Name	ALDRICH, MANDY
Address	13102 SADDLE WAY	Address	13102 SADDLE WAY
City-State-Zip:	BROOKSVILLE FL 34614	City-State-Zip:	BROOKSVILLE FL 34614

*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: JASON ALDRICH**

**PRESIDENT**

**01/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date