

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000005190

**Entity Name:** GREICO INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

151 SE EL SITO CT  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

PO BOX 882442  
PORT ST. LUCIE, FL 34988 US

**FEI Number:** 26-1786052

**Certificate of Status Desired:** No

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

AJO-HERNANDEZ, ISABEL  
151 SE EL SITO CT  
PORT ST. LUCIE, FL 34983 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 AJO-HERNANDEZ, ISABEL  
Address PO BOX 882442  
City-State-Zip: PORT ST. LUCIE FL 34988

*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:** ISABEL AJO-HERNANDEZ

**PRESIDENT**

**01/07/2021**

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

\_\_\_\_\_  
Date