

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000072045

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

**Current Principal Place of Business:**

54180 POINT SOUTH DRIVE  
CALLAHAN, FL 32011

**Current Mailing Address:**

54180 POINT SOUTH DRIVE  
CALLAHAN, FL 32011

**FEI Number: 27-3371008**

**Certificate of Status Desired: No**

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

DEKLE, MICHAEL J  
54180 POINT SOUTH DRIVE  
CALLAHAN, FL 32011 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            DEKLE, MICHAEL J  
Address        54180 POINT SOUTH DRIVE  
City-State-Zip: CALLAHAN FL 32011

*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: MICHAEL J DEKLE**

**P**

**04/05/2019**

Electronic Signature of Signing Officer/Director Detail

Date