

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000010966

Entity Name: LEADERS INSURANCE, INC.

Current Principal Place of Business:

1817 CYPRESS BROOK DRIVE
SUITE 105
TRINITY, FL 34655

Current Mailing Address:

1817 CYPRESS BROOK DRIVE
SUITE 105
TRINITY, FL 34655 US

FEI Number: 27-4716931

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULTON, KATHLEEN T
1817 CYPRESS BROOK DRIVE
SUITE 105
TRINITY, FL 34655 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: KATHLEEN T FULTON

02/02/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PST
Name FULTON, KATHLEEN T
Address 1817 CYPRESS BROOK DRIVE
SUITE 105
City-State-Zip: TRINITY FL 34655

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: KATHLEEN T FULTON

PST

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date