

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000106275

**Entity Name:** MCCORMICK INSURANCE INC.

**Current Principal Place of Business:**

9000 SHERIDAN ST  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9000 SHERIDAN ST  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 45-4015263

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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            VP  
Name            MCCORMICK, KEVIN  
Address        11241 NW 23RD STREET  
City-State-Zip: PEMBROKE PINES FL 33026

Title            PRES  
Name            MCCORMICK, KEVIN  
Address        9000 SHERIDAN STREET  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** KEVIN P MCCORMICK

**PRES**

**04/30/2025**

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

\_\_\_\_\_  
Date