

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000086863

**Entity Name:** ALL FLORIDA INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

3309 NORTHLAKE BLVD  
SUITE 107  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

3172 HOYLAKE RD  
LAKE WORTH, FL 33467 US

**FEI Number:** 90-1021822

**Certificate of Status Desired:** No

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

STRICKLAND, BEAU T  
3172 HOYLAKE RD  
LAKE WORTH, FL 33467 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:** BEAU STRICKLAND

04/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, S, T, D  
Name STRICKLAND, BEAU T  
Address 3172 HOYLAKE RD  
City-State-Zip: LAKE WORTH FL 33467

*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:** BEAU STRICKLAND

PTSD

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date