## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000014361

Entity Name: CONGENIAL INSURANCE AGENCY, INC.

**Current Principal Place of Business:** 

5375 180TH ST MCALPIN. FL 32062

**Current Mailing Address:** 

5375 180TH ST

MCALPIN. FL 32062 US

FEI Number: 47-1308041 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DASHER, CHARLOTTE C 5375 180TH ST. MCALPIN, FL 32062 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: CHARLOTTE C SANDLIN DASHER 01/20/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title ST Title I

Name HOVATER, KAE Name COLEMAN DASHER, CHARLOTTE

Address 824 ARBOR POINTE AVE. Address 5375 180TH ST.

City-State-Zip: MINNEOLA FL 34715 City-State-Zip: MCALPIN FL 32062

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: CHARLOTTE COLEMAN DASHER

**PRESIDENT** 

01/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 20, 2024

**Secretary of State** 

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