

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000029794

**Entity Name:** CHRISTINE GRAVES INSURANCE, INC.

**Current Principal Place of Business:**

4339 GULLANE DR  
LAKE WALES, FL 33859

**Current Mailing Address:**

4339 GULLANE DR  
LAKE WALES, FL 33859

**FEI Number:** 46-5288731

**Certificate of Status Desired:** Yes

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

GRAVES, CHRISTINE  
4339 GULLANE DR  
LAKE WALES, FL 33859 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:** CHRISTINE GRAVES

04/29/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GRAVES, CHRISTINE C  
Address 4339 GULLANE DR  
City-State-Zip: LAKE WALES FL 33859

Title VP  
Name GRAVES, STEVEN P  
Address 4339 GULLANE DR  
City-State-Zip: LAKE WALES FL 33859

Title TREASURER  
Name GRAVES, CHRISTINE C  
Address 4339 GULLANE DR  
City-State-Zip: LAKE WALES FL 33859

Title SECRETARY  
Name GRAVES, STEVEN P  
Address 4339 GULLANE DR  
City-State-Zip: LAKE WALES FL 33859

*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:** GRAVES , CHRISTINE C

PRESIDENT

04/29/2022

Electronic Signature of Signing Officer/Director Detail

Date