## **2020 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: No

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 01/28/2020

Electronic Signature of Registered Agent

Date

FILED Jan 28, 2020

**Secretary of State** 

7202367948CC

Officer/Director Detail:

Title P Title VP

NameGRAVES, CHRISTINE CNameGRAVES, STEVEN PAddress4339 GULLANE DRAddress4339 GULLANE DRCity-State-Zip:LAKE WALES FL 33859City-State-Zip:LAKE WALES FL 33859

Title TREASURER Title SECRETARY

NameGRAVES, CHRISTINE CNameGRAVES, STEVEN PAddress4339 GULLANE DRAddress4339 GULLANE DRCity-State-Zip:LAKE WALES FL 33859City-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: CHRISTINE C. GRAVES

**PRESIDENT** 

01/28/2020