

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000069031

**Entity Name:** BUCKLAND INSURANCE GROUP INC

**Current Principal Place of Business:**

5016 SUNSET BLVD  
FT PIERCE, FL 34982

**Current Mailing Address:**

PO BOX 15159  
FT PIERCE, FL 34979 US

**FEI Number:** 47-1619140

**Certificate of Status Desired:** No

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

BUCKLAND, SUSAN  
5016 SUNSET BLVD.  
FORT PIERCE, FL 34982 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:** SUSAN BUCKLAND

03/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BUCKLAND, KEITH  
Address PO BOX 15159  
City-State-Zip: FORT PIERCE FL 34979

Title VP  
Name BUCKLAND, SUSAN  
Address PO BOX 15159  
City-State-Zip: FORT PIERCE FL 34979

Title TREASURER  
Name BUCKLAND, SUSAN J  
Address PO BOX 15159  
City-State-Zip: FT PIERCE FL 34979

*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:** SUSAN BUCKLAND

VP

03/20/2023

Electronic Signature of Signing Officer/Director Detail

Date