

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000017630

**Entity Name:** AMANDA AGNEW INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

120 S WOODLAND BLVD  
SUITE B  
DELAND, FL 32720

**Current Mailing Address:**

120 S WOODLAND BLVD  
SUITE B  
DELAND, FL 32720 US

**FEI Number:** 47-3249794

**Certificate of Status Desired:** No

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

AGNEW, AMANDA W  
120 S WOODLAND BLVD  
SUITE B  
DELAND, FL 32720 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name AGNEW, AMANDA W  
Address 120 S WOODLAND BLVD.  
SUITE B  
City-State-Zip: DELAND FL 32720

*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:** AMANDA AGNEW

**PRESIDENT**

**04/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date