

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000011092

Entity Name: FREEDOM INSURANCE FINANCIAL, INC.**Current Principal Place of Business:**1020 E OSCEOLA PARKWAY
KISSIMMEE, FL 34744**Current Mailing Address:**1020 E OSCEOLA PARKWAY
KISSIMMEE, FL 34744 US**FEI Number: 82-4270121****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VASQUEZ, JULIAN
1016 E OSCEOLA PKWY
KISSIMMEE, FL 34744 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	T, S
Name	VASQUEZ, JULIAN
Address	1016 E OSCEOLA PKWY
City-State-Zip:	KISSIMMEE FL 34744

Title	D
Name	VASQUEZ, IRMA
Address	1016 E OSCEOLA PKWY
City-State-Zip:	KISSIMMEE FL 34744

Title	P
Name	MEDINA-RODRIGUEZ, YENNIREE D
Address	1016 E OSCEOLA PKWY
City-State-Zip:	KISSIMMEE FL 34744

Title	D
Name	RODRIGUEZ-VILLASMIL, ASDRUBAL S
Address	1016 E OSCEOLA PKWY
City-State-Zip:	KISSIMMEE FL 34744

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: JULIAN VASQUEZ**SECRETARY****01/07/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date