

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000059143

Entity Name: OFB INSURANCE, INC.**Current Principal Place of Business:**1110 DOUGLAS AVE
1018
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**33 W PINELOCH AVE
ORLANDO, FL 32806 US**FEI Number:** 85-2373782**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NADEAU, ERIC S
33 W PINELOCH AVE
ORLANDO, FL 32806 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	VP
Name	BURDEN, DAVID
Address	1110 DOUGLAS AVE, SUITE 1018
City-State-Zip:	ALTAMONTE SPRINGS FL 32714

Title	VP
Name	NADEAU, ERIC S
Address	33 W PINELOCH AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIR
Name	BURDEN, RANDY O
Address	33 W PINELOCH AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIR
Name	PULLUM, FREDERICK G
Address	33 W PINELOCH AVE
City-State-Zip:	ORLANDO FL 32806

Title	DIR
Name	NADEAU, ERIC S
Address	33 W PINELOCH AVE
City-State-Zip:	ORLANDO FL 32806

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: ERIC S. NADEAUVICE
PRESIDENT/DIRECTOR

02/27/2023

Electronic Signature of Signing Officer/Director Detail_____
Date