

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000038452

**Entity Name:** INSPIRE-CREATE-EDUCATE INC

**Current Principal Place of Business:**

174 WATERCOLOR WAY STE 103  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

174 WATERCOLOR WAY STE 103  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 87-3783489

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 LUZIO, TRICIA GOMEZ  
Address 174 WATERCOLOR WAY STE 103  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TRE  
Name LUZIO, TRICIA GOMEZ  
Address 174 WATERCOLOR WAY STE 103  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title SEC  
Name LUZIO, TRICIA GOMEZ  
Address 174 WATERCOLOR WAY STE 103  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIR  
Name LUZIO, TRICIA GOMEZ  
Address 174 WATERCOLOR WAY STE 103  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** TRICIA GOMEZ LUZIO

**PRESIDENT**

**03/14/2024**

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

\_\_\_\_\_  
Date