

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000052452

**Entity Name:** ALL COVERAGE INSURANCE SOLUTIONS, INC

**Current Principal Place of Business:**

7952-1 NORMANDY BLVD  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

7952-1 NORMANDY BLVD  
JACKSONVILLE, FL 32221

**FEI Number: 87-1009442**

**Certificate of Status Desired: No**

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

BROWN, HEIDI L  
7952-1 NORMANDY BLVD  
JACKSONVILLE, FL 32221 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 FEAGLE, CHRISTINE M  
Address 7952-1 NORMANDY BLVD  
City-State-Zip: JACKSONVILLE FL 32221

Title VP  
Name BROWN, HEIDI L  
Address 7952-1 NORMANDY BLVD  
City-State-Zip: JACKSONVILLE FL 32221

*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: HEIDI BROWN**

**VP**

**04/04/2024**

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

\_\_\_\_\_  
Date