

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000061150

Entity Name: WILLIAMS AND STAZZONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

6549 N. WICKHAM ROAD, UNIT 101
MELBOURNE, FL 32940

Current Mailing Address:

6549 N. WICKHAM ROAD, UNIT 101
MELBOURNE, FL 32940 US

FEI Number: 65-0623672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CEO, DIRECTOR
Name WICK, SCOTT
Address 305 W. FRONT ST
 SUITE 201
City-State-Zip: TRAVERSE CITY MI 49684

Title SECRETARY
Name GOODREAU, SCOTT
Address 305 W. FRONT ST,
 SUITE 201
City-State-Zip: TRAVERSE CITY MI 49684

Title PRESIDENT
Name STAZZONE, VINCENT
Address 6549 N. WICKHAM ROAD, UNIT 101
City-State-Zip: MELBOURNE FL 32940

Title CFO
Name TUIT, DAVID
Address 601 5TH STREET NW
 SUITE 500
City-State-Zip: GRAND RAPIDS MI 49504

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: SCOTT GOODREAU

SECRETARY

01/25/2024

Electronic Signature of Signing Officer/Director Detail

Date