

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000006099

**Entity Name:** BCOMER INSURANCE AGENCY INC

**Current Principal Place of Business:**

975 NW FLAGLER AVE  
UNIT 306  
STUART, FL 34994

**Current Mailing Address:**

975 NW FLAGLER AVE  
UNIT 306  
STUART, FL 34994 US

**FEI Number:** 87-2822604

**Certificate of Status Desired:** No

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

COMER, BRIAN D  
975 NW FLAGLER AVE  
UNIT 306  
STUART, FL 34994 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            COMER, BRIAN D  
Address        975 NW FLAGLER AVE UNIT 306  
City-State-Zip: STUART FL 34994

Title            DIR  
Name            COMER, BRIAN D  
Address        975 NW FLAGLER AVE UNIT 306  
City-State-Zip: STUART FL 34994

*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:** BRIAN COMER

**PRESIDENT**

**02/28/2023**

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

\_\_\_\_\_  
Date