

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000015505

**Entity Name:** GABICO INSURANCE & FINANCIAL SERVICES INC.

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD  
SUITE 214  
PORT ORANGE, FL 32128

**Current Mailing Address:**

10291 ALDER CREEK LANE  
JACKSONVILLE, FL 32222 US

**FEI Number:** 88-0966231

**Certificate of Status Desired:** No

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

KENDALL, RACHAEL A  
10291 ALDER CREEK LANE  
JACKSONVILLE, FL 32222 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	PRESIDENT	Title	VP
Name	KENDALL, DARRON	Name	KENDALL, GABRIELLA G
Address	10291 ALDER CREEK LANE	Address	10291 ALDER CREEK LANE
City-State-Zip:	JACKSONVILLE FL 32222	City-State-Zip:	JACKSONVILLE FL 32222

*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:** DARRON KENDALL

**PRESIDENT**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date