

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000057241

**Entity Name:** INSUASTY A/C & SERVICE INC

**Current Principal Place of Business:**

564 BRECKENRIDGE VILLAGE  
UNIT 207  
ALTAMONTE SPRING, FL 32714

**Current Mailing Address:**

PO BOX 915988  
LONGWOOD, FL 32791 US

**FEI Number:** 20-4717459

**Certificate of Status Desired:** No

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

INSUASTY, ANDRES M  
564 BRECKENRIDGE VILLAGE  
UNIT 207  
ALTAMONTE, FL 32714 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 INSUASTY, ANDRES M  
Address 564 BRECKENRIDGE VILLAGE UNIT  
207  
City-State-Zip: ALTAMONTE SPRING FL 32714

*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:** ANDRES INSUASTY

**PRESIDENT**

**03/01/2024**

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

\_\_\_\_\_  
Date