

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P24000014553

**Entity Name:** ROCCO ENGLISH INSURANCE AGENCY INC.

**Current Principal Place of Business:**

11071 UNIVERSITY BLVD.  
STE. 100  
ORLANDO, FL 32817

**Current Mailing Address:**

11071 UNIVERSITY BLVD.  
STE. 100  
ORLANDO, FL 32817 US

**FEI Number:** 99-1832574

**Certificate of Status Desired:** No

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

CIPPARONE & CIPPARONE, P.A.  
1525 INTERNATIONAL PKWY.  
SUITE 1011  
LAKE MARY, FL 32746 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 ENGLISH, ROCCO F  
Address 11071 UNIVERSITY BLVD., STE. 100  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name ENGLISH, ROCCO F  
Address 11071 UNIVERSITY BLVD., STE. 100  
City-State-Zip: ORLANDO FL 32817

Title S  
Name ENGLISH, ROCCO F  
Address 11071 UNIVERSITY BLVD., STE. 100  
City-State-Zip: ORLANDO FL 32817

Title T  
Name ENGLISH, ROCCO F  
Address 11071 UNIVERSITY BLVD., STE. 100  
City-State-Zip: ORLANDO FL 32817

*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:** ROCCO F ENGLISH

**PRESIDENT**

**01/31/2025**

Electronic Signature of Signing Officer/Director Detail

Date