

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000010234

**Entity Name:** CAROLYN TUCKER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

905 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119

**Current Mailing Address:**

905 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119

**FEI Number:** 59-3155679

**Certificate of Status Desired:** No

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

TUCKER, CAROLYN  
905 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119 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 PD  
Name TUCKER, CAROLYN  
Address 820 WILLIAM LANE  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name TUCKER, DAVID  
Address 905 BIG TREE ROAD  
City-State-Zip: SOUTH DAYTONA FL 32119

*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:** CAROLYN TUCKER

**PRESIDENT**

**03/31/2022**

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

\_\_\_\_\_  
Date