

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000022702

**Entity Name:** GREG THOMAS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2880 GULF SHORE BLVD N APT 507  
NAPLES, FL 34103

**Current Mailing Address:**

2880 GULF SHORE BLVD N APT 507  
NAPLES, FL 34103 US

**FEI Number:** 65-0576687

**Certificate of Status Desired:** No

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

THOMAS, GREGORY D  
2880 GULF SHORE BLVD N APT 507  
NAPLES, FL 34103 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 THOMAS, GREGORY D  
Address 2880 GULF SHORE BLVD N APT 507  
City-State-Zip: NAPLES FL 34103

*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:** GREGORY D THOMAS

PRESIDENT

04/03/2023

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

\_\_\_\_\_ Date