

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000069830

**Entity Name:** DAVID E. HEDGES INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

2601 20TH STREET  
SUITE B  
VERO BEACH, FL 32960

**Current Mailing Address:**

2601 20TH STREET  
SUITE B  
VERO BEACH, FL 32960

**FEI Number:** 59-3336918

**Certificate of Status Desired:** No

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

HEDGES, DAVID E  
2601 20TH STREET  
SUITE B  
VERO BEACH, FL 32960 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 PSTD  
Name HEDGES, DAVID E  
Address 2601 20TH STREET STE B  
City-State-Zip: VERO BEACH FL 32960

*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:** DAVID E HEDGES

**PRESIDENT**

**01/20/2023**

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

\_\_\_\_\_  
Date