

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000075381

**Entity Name:** ROBERTS INSURANCE OF STARKE, INC.

**Current Principal Place of Business:**

986 NORTH TEMPLE AVENUE  
STARKE, FL 32091

**Current Mailing Address:**

986 NORTH TEMPLE AVENUE  
STARKE, FL 32091

**FEI Number: 59-3342064**

**Certificate of Status Desired: No**

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

ROBERTS, CHARLES S  
986 NORTH TEMPLE AVENUE  
STARKE, FL 32091 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:** CHARLES S ROBERTS

04/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROBERTS, C. SCOTT  
Address 986 NORTH TEMPLE AVENUE  
City-State-Zip: STARKE FL

Title STD  
Name THOMPSON, LORI A  
Address 986 NORTH TEMPLE AVENUE  
City-State-Zip: STARKE FL

Title SECRETARY  
Name ROBERTS, KIMBERLY  
Address 986 NORTH TEMPLE AVENUE  
City-State-Zip: STARKE FL 32091

*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:** C. SCOTT ROBERTS

PRESIDENT

04/04/2023

Electronic Signature of Signing Officer/Director Detail

Date