

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000047092

**Entity Name:** MCMULLIN INSURANCE, INC.

**Current Principal Place of Business:**

500 UNIVERSITY BLVD.  
SUITE 101  
JUPITER, FL 33458

**Current Mailing Address:**

500 UNIVERSITY BLVD.  
SUITE 101  
JUPITER, FL 33458 US

**FEI Number:** 65-0930248

**Certificate of Status Desired:** No

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

MCMULLIN, GARY  
500 UNIVERSITY BLVD.  
SUITE 101  
JUPITER, FL 33458 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           | PRES                              | Title           | VP                                |
| Name            | MCMULLIN, GARY                    | Name            | MCMULLIN, DAWN SVP                |
| Address         | 500 UNIVERSITY BLVD.<br>SUITE 101 | Address         | 500 UNIVERSITY BLVD.<br>SUITE 101 |
| City-State-Zip: | JUPITER FL 33458                  | City-State-Zip: | JUPITER FL 33458                  |

*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:** GARY MCMULLIN

**PRESIDENT**

**02/08/2025**

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

\_\_\_\_\_  
Date