

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S51051

**Entity Name:** ROBIN L. FISHER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

1625 GARDEN ST.  
TITUSVILLE, FL 32796

**Current Mailing Address:**

1625 GARDEN ST.  
TITUSVILLE, FL 32796 US

**FEI Number:** 59-3062787

**Certificate of Status Desired:** No

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

FISHER, ROBIN L.  
1625 GARDEN STREET  
TITUSVILLE, FL 32796 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           | DP                  | Title           | VST                 |
| Name            | FISHER, ROBIN L     | Name            | FISHER, ROBIN L     |
| Address         | 1625 GARDEN STREET  | Address         | 1625 GARDEN STREET  |
| City-State-Zip: | TITUSVILLE FL 32796 | City-State-Zip: | TITUSVILLE FL 32769 |

*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:** ROBIN L FISHER

DP

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date