

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10353

Entity Name: DON SULLIVAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DR
SUITE 122
DAVIE, FL 33328

Current Mailing Address:

4801 S. UNIVERSITY DR
SUITE 122
DAVIE, FL 33328 US

FEI Number: 65-0300648

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, DONALD
4801 S UNV DR
SUITE 122
DAVIE, FL 33328 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
Name SULLIVAN, DONALD
Address 4801 S. UNIVERSITY DR
City-State-Zip: DAVIE FL 33328

Title VP, SECRETARY, TREASURER
Name TERI MOMAN SULLIVAN
Address 4801 S. UNIVERSITY DR
 SUITE 122
City-State-Zip: DAVIE FL 33328

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: TERI SULLIVAN

VP/SEC/TREASURER

04/07/2025

Electronic Signature of Signing Officer/Director Detail

Date