

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54956

Entity Name: FEARNOW INSURANCE, INC.**Current Principal Place of Business:**11607 E. DR. M.L.K. BLVD
SEFFNER, FL 33584**Current Mailing Address:**PO BOX 1788
MANGO, FL 33550 US**FEI Number:** 59-3138038**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEARNOW, SUSAN E.
11607 E. DR M.L.K. BLVD
SEFFNER, FL 33584 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	D
Name	FEARNOW, SUSAN E
Address	5151 WESTSHORE DR
City-State-Zip:	NEW PORT RICHEY FL 35246

Title	VP
Name	FEARNOW, BRIAN T
Address	2814 HAMPTON PLACE COURT
City-State-Zip:	PLANT CITY FL 33566

Title	PRES
Name	FEARNOW, KENNETH W
Address	5151 WESTSHORE DR
City-State-Zip:	NEW PORT RICHEY FL 35246

Title	VP
Name	FEARNOW, ROBINSON K
Address	2706 LAUREL OAK DRIVE
City-State-Zip:	PLANT CITY FL 33566

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: KENNETH W FEARNOW**PRES****01/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date