

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 301851

Entity Name: LANE INSURANCE, INC.

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

838 E NEW YORK AVE  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1179  
DELAND, FL 327211179 US

**New Mailing Address:**

FEI Number: 59-1116494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LANE, JOSEPH B.  
838 E NEW YORK AVENUE  
DE LAND, FL 32724 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LANE, JOSEPH B.  
Address: 838 E. NEW YORK AVENUE  
City-St-Zip: DELAND, FL

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: JOSEPH B LANE

PD

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date