2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90018 045 ***150.00

DOCUMENT # F03000005242

1. Entity Name
LPA INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2399 GATEWAY OAKS DRIVE, STE. 200 SACRAMENTO, CA 95833	2399 GATEWAY OAKS DRIVE, STE. 200 SACRAMENTO, CA 95833

DO NOT WRITE IN THIS SPACE

03152004 No Chg-P CR2E034 (10/03)

4. FEI Number
68-0417308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

QUIMBY, ROGERS
1432 COURT STREET
CLEARWATER, FL 33756

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GROSS, LAWRENCE A
STREET ADDRESS	680 EAST SWEDESFORD ROAD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	D
NAME	RUANE, MICHAEL J
STREET ADDRESS	680 EAST SWEDESFORD ROAD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	P
NAME	BROWN, TIMOTHY L
STREET ADDRESS	2399 GATEWAY OAKS DRIVE, STE. 200
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	VP
NAME	FONG, SARAH
STREET ADDRESS	2399 Gateway Oaks Drive, Ste 200
CITY-ST-ZIP	Sacramento, CA 95833
TITLE	S
NAME	STENSON, JONELLE
STREET ADDRESS	2399 GATEWAY OAKS DRIVE, STE. 200
CITY-ST-ZIP	SACRAMENTO, CA 95833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy L. Brown 3/29/04 916/288-6424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #