

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075422

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA LAWYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 59-3679331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM L JR
1590 ISLAND LANE
26
ORANGE PARK, FL 32003 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAGG, LAWRENCE
Address: P.O. BOX 32373
City-St-Zip: TAMPA, FL 336013273

Title: D () Delete
Name: SONDAK, ROBERT M
Address: 9400 S. DADELAND BVLD., STE 600
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: DOPPELT, AVA K
Address: 851 MAYFIELD AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: DP () Delete
Name: LOUCKS, WILLIAM E
Address: 3504 LAKE LYNDA DR, STE. 325A
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: WILLIAMS, GARY
Address: P.O. BOX 391
City-St-Zip: TALLAHASSEE, FL 32302

Title: TD () Delete
Name: DISQUE, PHILIP A
Address: 707 S.E. 3RD AVENUE, STE 400
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E. LOUCKS

Electronic Signature of Signing Officer or Director

P

04/07/2009

Date