2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P04000024832

Entity Name: LAKEPORT INSURANCE AGENCY, INC.

Current Principal Place of Business:

3100 C.R. 721 LOOP
MOORE HAVEN, FL 33471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1497
MOORE HAVEN, FL 33471 US

New Mailing Address:

3100 C.R. 721 LOOP
MOORE HAVEN, FL 33471

FEI Number: 20-0767954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARK, LEON J
3100 C.R. 721 LOOP ROAD
LAKEPORT, FL 33471 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: PVST
Name: CLARK, LEON J
Address: 3100 C.R. 721 LOOP
City-St-Zip: MOORE HAVEN, FL 33471

Title: S
Name: GOMEZ, MOLLEETHA D
Address: 3256 C.R. 721
City-St-Zip: OKEECHOBEE, FL 34974

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: LEON J. CLARK PVST 01/05/2012

Electronic Signature of Signing Officer or Director Date