

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90033 007 ***150.00



DOCUMENT # P04000122579
 1. Entity Name
LAKEWOOD RANCH INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
~~615~~ LAKE OSPREY DRIVE *6285* 9095 BELCHER ROAD
 UNIT 18 PINELLAS PARK, FL 33782
 SARASOTA, FL 34240

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1542716	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 RICHARDSON, CAROL Y
 5133 CENTRAL AVENUE
 ST PETERSBURG, FL 33710

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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: *Sherril K. Peterson* DATE: *4-29-07*
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUGUSTYNYIAK, LAURA D 9240 143RD LANE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, SHERRI K 9240 143RD LANE N SEMINOLE, FL 33776
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Sherril K. Peterson* DATE: *4-29-07* DAYTIME PHONE #: *787-235-2267*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #