

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111499

Entity Name: LAMARCA INSURANCE AND FINANCIAL SERVICES, INC.**Current Principal Place of Business:**1680 EL JOBEAN ROAD
SUITE 1
PORT CHARLOTTE, FL 33948**Current Mailing Address:**1680 EL JOBEAN ROAD
SUITE 1
PORT CHARLOTTE, FL 33948 US**FEI Number:** 26-1210612**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAMARCA, MICHAEL A
1680 EL JOBEAN ROAD
SUITE 1
PORT CHARLOTTE, FL 33948 US*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**Officer/Director Detail :**

Title	DPST
Name	LAMARCA, MICHAEL A
Address	1680 EL JOBEAN RD STE 1
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	LAMARCA, JASON A
Address	1680 EL JOBEAN RD STE 1
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DVP
Name	LAMARCA, MICHELLE L
Address	1680 EL JOBEAN RD STE 1
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	STAMATIS, KRIS
Address	1680 EL JOBEAN ROAD SUITE 1
City-State-Zip:	PORT CHARLOTTE FL 33948

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: MICHAEL LAMARCA

DPST

02/03/2020

Electronic Signature of Signing Officer/Director Detail_____
Date