

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111499

Entity Name: LAMARCA INSURANCE AND FINANCIAL SERVICES, INC.

Current Principal Place of Business:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

Current Mailing Address:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

FEI Number: 26-1210612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAMARCA, MICHAEL A
1720 EL JOBEAN ROAD
SUITE 202
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 DPS
Name LAMARCA, MICHAEL A
Address 2358 CHILCOTE TERRACE
City-State-Zip: PORT CHARLOTTE FL 33981

Title DVPT
Name LAMARCA, MICHELLE L
Address 2358 CHILCOTE TERRACE
City-State-Zip: PORT CHARLOTTE FL 33981

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

PDS

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date