**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 11, 2021**
**Secretary of State**
**7803821911CC**

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 | Title | DVP |
| Name | LAMARCA, MICHAEL A | Name | LAMARCA, MICHELLE L |
| Address | 1680 EL JOBEAN RD<br>STE 1 | Address | 1680 EL JOBEAN RD<br>STE 1 |
| City-State-Zip: | PORT CHARLOTTE FL 33948 | City-State-Zip: | PORT CHARLOTTE FL 33948 |
| Title | VP | Title | VP |
| Name | LAMARCA, JASON A | Name | STAMATIS, KRIS |
| Address | 1680 EL JOBEAN RD<br>STE 1 | Address | 1680 EL JOBEAN ROAD<br>SUITE 1 |
| City-State-Zip: | PORT CHARLOTTE FL 33948 | 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 01/11/2021

Electronic Signature of Signing Officer/Director Detail — Date