

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422093

FILED
Jan 19, 2006
Secretary of State

Entity Name: LAWRENCE W. MYERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

3044 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 US

New Principal Place of Business:

11071 LAUREL WALK RD.
WELLINGTON, FL 33467 US

Current Mailing Address:

3044 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 US

New Mailing Address:

11071 LAUREL WALK RD.
WELLINGTON, FL 33467 US

FEI Number: 59-1491513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSTON, RICHARD M
3044 SOUTH MILITARY TRAIL
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

JOHNSTON, RICHARD M
836BLUEBERRYDR
WELLINGTON, FL 33414 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: RICHARDMJOHNSTON

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLBOW, KATHRYN J.
Address: 3044 S. MILITARY TRAIL
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VD () Delete
Name: JOHNSTON, RICHARD,
Address: 3044 S MILITARY TR
City-St-Zip: LAKE WORTH, FL 33463 US

Title: ST () Delete
Name: MYERS, FRANCES B
Address: 3044 SMILITARYTR
City-St-Zip: LAKE WORTH, FL 33463 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLBOW, KATHRYN J.
Address: 11071LAURELWALKRD.
City-St-Zip: WELLINGTON, FL 33467 US

Title: VP (X) Change () Addition
Name: JOHNSTON, RICHARD,
Address: 836BLUEBERRYDR
City-St-Zip: WELLINGTON, FL 33414 US

Title: ST (X) Change () Addition
Name: DOLBOW, KATHRYN J
Address: 11071LAURELWALKRD.
City-St-Zip: WELLINGTON, FL 33467 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARDMJOHNSTON

VP-

01/19/2006

Electronic Signature of Signing Officer or Director

Date