

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422093

FILED
Apr 28, 2008
Secretary of State

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

Current Principal Place of Business:

11071 LAUREL WALK RD.
WELLINGTON, FL 33467 US

New Principal Place of Business:

11071 LAUREL WALK RD.
WELLINGTON, FL 33449 US

Current Mailing Address:

11071 LAUREL WALK RD.
WELLINGTON, FL 33467 US

New Mailing Address:

11071 LAUREL WALK RD.
WELLINGTON, FL 33449 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
836BLUEBERRYDR
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

JOHNSTON, RICHARD M
836 BLUEBERRY DR
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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLBOW, KATHRYN J.
Address: 11071LAURELWALKRD.
City-St-Zip: WELLINGTON, FL 33449 US

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

Title: ST (X) Change () Addition
Name: DOLBOW, KATHRYN J.
Address: 11071 LAUREL WALK RD.
City-St-Zip: WELLINGTON, FL 33449 US

I hereby certify that the information supplied with this filing does not qualify 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: KATHRYN J DOLBOW

P

04/28/2008

Electronic Signature of Signing Officer or Director

Date