

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422093

FILED  
Aug 13, 2011  
Secretary of State

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

**Current Principal Place of Business:**

11071 LAUREL WALK RD.  
WELLINGTON, FL 33449 US

**New Principal Place of Business:**

**Current Mailing Address:**

11071 LAUREL WALK RD.  
WELLINGTON, FL 33449 US

**New Mailing Address:**

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  
836 BLUEBERRY DR  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

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

Title: VP  
Name: JOHNSTON, RICHARD  
Address: 836 BLUEBERRY DR  
City-St-Zip: WELLINGTON, FL 33414 US

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

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: KATHRYN J DOLBOW

P

08/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date