

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003229

Entity Name: LC INSURANCE AGENCY, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3637 SENTARA WAY, STE. 303
VIRGINIA BEACH, VA 23452

New Principal Place of Business:

Current Mailing Address:

5600 COX ROAD
GLEN ALLEN, VA 23060

New Mailing Address:

FEI Number: 26-0376321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE. A
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: ROSS, GENE D.
Address: 3637 SENTARA WAY, STE. 303
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: V () Delete
Name: BAZIANOS, DINO
Address: 5600 COX RD.
City-St-Zip: GLEN ALLEN, VA 23060

Title: SVPT () Delete
Name: RAMOS, RONALD B.
Address: 5600 COX RD.
City-St-Zip: GLEN ALLEN, VA 23060

Title: VAS () Delete
Name: PERRINE, W. CHADWICK
Address: 5600 COX RD.
City-St-Zip: GLEN ALLEN, VA 23060

Title: VAS () Delete
Name: SCHIMMELS, SARAH S.
Address: 5600 COX RD.
City-St-Zip: GLEN ALLEN, VA 23060

Title: VS () Delete
Name: KING, ANNA M.
Address: 5600 COX RD
City-St-Zip: GLEN ALLEN, VA 23060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANNA M. KING

VS

05/01/2009

Electronic Signature of Signing Officer or Director

Date