2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

DOCUMENT# F07000003229

Entity Name: LC INSURANCE AGENCY, INC.

Current Principal Place of Business:

601 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204

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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: ROSS, GENE D.
Address: 3637 SENTARA WAY, STE. 303
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: T
Name: NORMAN, CARMEN
Address: 3637 SENTARA WAY, STE. 303
City-St-Zip: VIRGNIA BEACH, VA 23452

Title: S
Name: SHIFFLET, MATTHEW
Address: 3637 SENTARA WAY, STE. 303
City-St-Zip: VIRGINIA BEACH, VA 23452

Title: AS
Name: BAREWALD, MADELINE
Address: 2510 N REDHILL AVE
City-St-Zip: SANTA ANA, CA 92705

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: MADELINE BAREWALD AS 05/03/2010

Electronic Signature of Signing Officer or Director Date