2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2010
Secretary of State

DOCUMENT# F09000003542

Entity Name: LO-DA-LA INSURANCE AGENCY, INC.

Current Principal Place of Business:

465 EAST HIGH STREE
SUITE 201
LEXINGTON, KY 40507

New Principal Place of Business:

465 EAST HIGH STREET
SUITE 201
LEXINGTON, KY 40507

Current Mailing Address:

465 EAST HIGH STREE
SUITE 201
LEXINGTON, KY 40507

New Mailing Address:

465 EAST HIGH STREET
SUITE 201
LEXINGTON, KY 40507

FEI Number: 61-1254065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE #4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: STAFFORD, LLOYD M
Address: 465 EAST HIGH STREET, SUITE 201
City-St-Zip: LEXINGTON, KY 40507

Title: ST
Name: CREECH, DOUG
Address: 465 EAST HIGH STREET, SUITE 201
City-St-Zip: LEXINGTON, KY 40507

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: JAMES DOUGLAS CREECH ST 02/03/2010

Electronic Signature of Signing Officer or Director — Date