

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003542

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

465 EAST HIGH STREET  
SUITE 201  
LEXINGTON, KY 40507

**New Principal Place of Business:**

**Current Mailing Address:**

465 EAST HIGH STREET  
SUITE 201  
LEXINGTON, KY 40507

**New Mailing Address:**

**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

**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: DOUG CREECH

ST

01/07/2011

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

\_\_\_\_\_  
Date