## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F09000003542

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

FILED Feb 15, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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465 EAST HIGH STREET 210 MALABU DRIVE SUITE 201 SUITE 200

LEXINGTON, KY 40507 LEXINGTON, KY 40502

Current Mailing Address: New Mailing Address:

465 EAST HIGH STREET 210 MALABU DRIVE SUITE 201 SUITE 200

LEXINGTON, KY 40507 LEXINGTON, KY 40502

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

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

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

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:

Name: STAFFORD, LLOYD M

Address: 210 MALABU DRIVE, SUITE 200 City-St-Zip: LEXINGTON, KY 40502

Title: ST

Name: CREECH, DOUG

Address: 210 MALABU DRIVE, SUITE 200 City-St-Zip: LEXINGTON, KY 40502

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 02/15/2012