

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 31, 2004 08:00 AM
Secretary of State

DOCUMENT # H20134

1. Entity Name
LASSITER-WARE INSURANCE OF OCALA, INC.



Principal Place of Business
2011 S.W. 20TH PLACE
SUITE 101
OCALA, FL 34474 US

Mailing Address
2011 S.W. 20TH PLACE
SUITE 101
OCALA, FL 34474 US

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2852392

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OSTRANDER, TED R. J
1317 CITIZENS BLVD
LEESBURG, FL 32748

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OSTRANDER, TED R., JR.
1317 CITIZENS BLVD.
LEESBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STOER, JOHN J., JR.
1317 CITIZENS BLVD.
LEESBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LEWIS RAYMOND P., II
1317 CITIZENS BLVD
LEESBURG, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HAHNE, JOHN E
1019 PALM COVE DR
ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000024180
02/02/04-80055-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/04 352 787-3441