

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H52261

**FILED**  
**Jul 25, 2011**  
**Secretary of State**

**Entity Name:** VICTORY INSURANCE OF LAKELAND, INC.

**Current Principal Place of Business:**

305 W. MEMORIAL BLVD  
LAKELAND, FL 33815 US

**New Principal Place of Business:**

**Current Mailing Address:**

305 W. MEMORIAL BLVD  
LAKELAND, FL 33815 US

**New Mailing Address:**

**FEI Number:** 59-2522570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, RICHARD A.ESQ  
305 W MEMORIAL BLVD.  
P O BLOX 3746  
LAKELAND, FL 33802 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: FISHER, GEORGE  
Address: 107 CONNIE LEE COURT  
City-St-Zip: LAKELAND, FL 33809

Title: ST  
Name: FISHER, MERRILLEE  
Address: 107 CONNIE LEE COURT  
City-St-Zip: LAKELAND, FL 33809

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: GEORGE FISHER

PRES

07/25/2011

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

\_\_\_\_\_  
Date