

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32310

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** LESTER KALMANSON AGENCY, INC.

**Current Principal Place of Business:**

235 S MAITLAND AVE  
MAITLAND, FL 32751

**New Principal Place of Business:**

235 S MAITLAND AVE. SUITE 201  
MAITLAND, FL 32751

**Current Mailing Address:**

235 S MAITLAND AVE  
MAITLAND, FL 32751

**New Mailing Address:**

235 S MAITLAND AVE. SUITE 201  
MAITLAND, FL 32751

**FEI Number:** 59-2979567

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALMANSON, MITCHEL  
235 S. MAITLAND AVE.  
MAITLAND, FL 32751 US

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

KALMANSON, MITCHEL  
235 S. MAITLAND AVE. SUITE 201  
MAITLAND, FL 32751 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:** MITCHEL KALMANSON

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** KALMANSON, MITCHEL  
**Address:** 235 S. MAITLAND AVE. SUITE 201  
**City-St-Zip:** MAITLAND, FL 32751

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:** MITCHEL KALMANSON

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date