

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M01733

Entity Name: LAKES INSURANCE, INC.

FILED  
Jan 06, 2011  
Secretary of State

**Current Principal Place of Business:**

414 W MAIN ST  
SUITE 202A  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

414 W MAIN ST  
SUITE 202A  
LEESBURG, FL 34748 US

**New Mailing Address:**

FEI Number: 59-2418575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHMITT, EDWARD W  
414 W MAIN ST  
SUITE 202A  
LEESBURG, FL 34748 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: PST  
Name: SCHMITT, EDWARD W PRES  
Address: 414 W MAIN ST, SUITE 202A  
City-St-Zip: LEESBURG, FL 34748

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: EDWARD W. SCHMITT

PRES

01/06/2011

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

\_\_\_\_\_  
Date