2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084278

Entity Name: LORENZO HAYWARD INSURANCE AGENCY INC.

FILED Jul 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	OLONIAL DRI D, FL 32818	VΕ			
Current Mailing Address:			New Mailing Address:		
	OLONIAL DRI D, FL 32818	VΕ			
FEI Number:	: 59-3739385	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:		
805 S KIRI SUITE 203		S			
	named entity see of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HAYWARD, LO 428 COURTLE WINTER GARD	A OAKS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORENZO HAYWARD P 07/16/2009