


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000035085**  
 1. Entity Name  
**PETER LACZKO INSURANCE, INC.**



Principal Place of Business 1500 CORPORATE CENTER WAY 104 WELLINGTON, FL 33414	Mailing Address 1500 CORPORATE CENTER WAY 104 WELLINGTON, FL 33414
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0060489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LACZKO, PETER  
 1500 CORPORATE CENTER WAY  
 104  
 WELLINGTON, FL 33414

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	D LACZKO, PETER C 1500 CORPORATE CENTER WAY #104 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LACZKO, LISA M 1500 CORPORATE CENTER WAY #104 WELLINGTON, FL 33414
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 03/30/07-80054-003 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3/19/07 5613335050  
 Date Daytime Phone #