


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90033 039 \*\*\*150.00

**DOCUMENT # P03000035085**

1. Entity Name  
**PETER LACZKO INSURANCE, INC.**



Principal Place of Business  
**1500 CORPORATE CENTER WAY  
 104  
 WELLINGTON, FL 33414**

Mailing Address  
**310 PAPER TRAIL WAY, 106  
 HOLLY SPRINGS, GA 30115**

**50000536**



2. Principal Place of Business - No P.O. Box #  
**367 Quebec Court**

Suite, Apt. #, etc.

3. Mailing Address  
**310 Paper Trail Way**

Suite, Apt. #, etc.  
**106**

03132008 Chg-P CR2E034 (12/06)

City & State  
**Royal Palm Beach FL**

City & State  
**Holly Springs GA**

Zip  
**33411**

Country

Zip  
**30115**

Country

4. FEI Number  
**90-0060489**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**367 Quebec Ct**

City **Royal Palm Beach FL** Zip Code **33411**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LACZKO, PETER C</b>
STREET ADDRESS	<b>1500 CORPORATE CENTER WAY #104</b>
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>LACZKO, LISA M</b>
STREET ADDRESS	<b>1500 CORPORATE CENTER WAY #104</b>
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>310 Paper Trail Way #106</b>
STREET ADDRESS	<b>Holly Springs GA 30115</b>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>310 Paper Trail Way #106</b>
STREET ADDRESS	<b>Holly Springs GA 30115</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Peter C Laczko 3/17/08 6788803463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #