

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068779

FILED
Apr 27, 2012
Secretary of State

Entity Name: LEE INSURANCE SERVICES, INC.

Current Principal Place of Business:

527 SW 10 STREET
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

527 SW 10 STREET
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 56-2374466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, DAVID B
527 SW 10 STREET
OCALA, FL 34471 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: PRES
Name: LEE, DAVID B
Address: 527 SW 10TH STREET
City-St-Zip: Ocala, FL 34471 US

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: DAVID B. LEE

PRES

04/27/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date