

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024832

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: LAKEPORT INSURANCE AGENCY, INC.

## Current Principal Place of Business:

630 C.R. 721 LOOP  
MOORE HAVEN, FL 33471

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1497  
MOORE HAVEN, FL 33471 US

## New Mailing Address:

FEI Number: 20-0767954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GOMEZ, MOLLEETHA D  
15230 C.R. 48  
ASTATULA, FL 347059558 US

## Name and Address of New Registered Agent:

GOMEZ, MOLLEETHA D  
RT. 6 BOX 775  
OKEECHOBEE, FL 34974 US

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: MOLLEETHA D GOMEZ

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: CLARK, LEON J  
Address: 630 C.R. 721 LOOP  
City-St-Zip: MOORE HAVEN, FL 33471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEON J CLARK

PRES

03/28/2006

Electronic Signature of Signing Officer or Director

Date