

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 003 ***150.00

DOCUMENT # P04000153870

1. Entity Name
LAKE MARY INSURANCE TECHNOLOGY, INC.



Principal Place of Business
**200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746 US**

Mailing Address
**200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746 US**

60028623



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2183914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VENDITTELLI, LOUIS V ESQ.
200 COLONIAL CENTER PARKWAY
SUITE 100
LAKE MARY, FL 32746**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 CH
KING, WILLIS T JR.
200 COLONIAL CENTER PARKWAY SUITE 100
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
PORTER, LANIER M
200 COLONIAL CENTER PARKWAY SUITE 100
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D PS
PORTER, LEMAN M
200 COLONIAL CENTER PARKWAY SUITE 100
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D T
WILLIAMS, DWAYNE R
200 COLONIAL CENTER PARKWAY
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]
Dwayne R. Williams

4/16/06

321-249-8106

Date

Daytime Phone #