

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000031437

Entity Name: LOKOST INSURANCE,INC

FILED
Apr 20, 2011
Secretary of State

Current Principal Place of Business:

11566 TAMIAMI TRL.E.
NAPLES, FL 34113

New Principal Place of Business:

11263 TAMIAMI TRAIL EAST
A
NAPLES, FL 34113

Current Mailing Address:

11566 TAMIAMI TRL.E.
NAPLES, FL 34113

New Mailing Address:

11263 TAMIAMI TRAIL EAST
A
NAPLES, FL 34113

FEI Number: 20-2423644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEANDRE EVELYNE
1580 29TH STREET S.W.
NAPLES, FL 34117 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: P
Name: LEANDRE, EVELYNE
Address: 1580 29TH STREET S.W.
City-St-Zip: NAPLES, FL 34117

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: EVELYNE C LEANDRE

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date