

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000031437

Entity Name: LOKOST INSURANCE,INC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11263 TAMIAMI TRAIL EAST  
A  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

11263 TAMIAMI TRAIL EAST  
A  
NAPLES, FL 34113

**New Mailing Address:**

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:**

LEANDRE EVELYNE  
1252 POMPEI LN  
NAPLES, FL 34103 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEANDRE, EVELYNE  
Address: 1252 POMPEI LN  
City-St-Zip: NAPLES, FL 34103

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 LEANDRE

P

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date