

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128515

Entity Name: SOUTH LAKE INSURANCE, INC.

FILED
Apr 30, 2011
Secretary of State

Current Principal Place of Business:

735 ALMOND STREET
SUITE D
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

735 ALMOND STREET
SUITE D
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-5699989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOWERS, SCOTT T
735 ALMOND ST
SUITE D
CLERMONT, FL 34714 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: D
Name: FLOWERS, SCOTT T
Address: 11910 COMPTON ROAD
City-St-Zip: CLERMONT, FL 34714

Title: D
Name: FLOWERS, JEAN S
Address: 11910 COMPTON ROAD
City-St-Zip: CLERMONT, FL 34714

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: SCOTT FLOWERS

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date