

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000128515

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** SOUTH LAKE INSURANCE, INC.

**Current Principal Place of Business:**

2701 MICHIGAN AVE SUITE C  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2701 MICHIGAN AVE SUITE C  
KISSIMMEE, FL 34744

**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:**

FLOWERS, SCOTT T  
2701 MICHIGAN AVE  
SUITE C  
KISSIMMEE, FL 34744 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

04/13/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FLOWERS, SCOTT T  
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 TAYLOR FLOWERS

PRES

04/13/2012

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

\_\_\_\_\_  
Date