## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000014852

Entity Name: LANCASTER & ASSOCIATES INSURANCE, INC

FILED Apr 16, 2009 Secretary of State

Entity Name: Lancaster & Associates insuranci	E, INC.	
Current Principal Place of Business:	New Principal Place of Bus	iness:
3536 EDGEWATER DR. ORLANDO, FL 32804		
Current Mailing Address:	New Mailing Address:	
3536 EDGEWATER DR. ORLANDO, FL 32804		
FEI Number: 26-1922447 FEI Number Applied For ( )	El Number Not Applicable ( ) Cert	ificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New I	Registered Agent:
LANCASTER, CLAYTON A 4114 SAILFISH DRIVE SE ST. PETERSBURG, FL 33705 US	LANCASTER, CLAYTON A 8320 BAYWOOD VISTA DRIN ORLANDO, FL 32810 US	/E
The above named entity submits this statement for the purp in the State of Florida.	ose of changing its registered office	or registered agent, or both,
SIGNATURE:		04/16/2009
Electronic Signature of Registered Agent		Date
Election Campaign Financing Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS
Title: D ( ) Delete	Title: D (X) Char	nge ( ) Addition

Title:D () DeleteTitle:D (X) Change () AddName:LANCASTER, CLAYTON AName:LANCASTER, CLAYTON AAddress:4114 SAILFISH DRIVE SEAddress:8320 BAYWOOD VISTA DRIVECity-St-Zip:ST. PETERSBURG, FL 33705City-St-Zip:ORLANDO, FL 32810

Title: () Delete Title: (X) Change ( ) Addition LANCASTER, LAMETERIC S LANCASTER, LAMETERIC S Name: Name: Address: 4114 SAILFISH DRIVE SE Address: 8320 BAYWOOD VISTA DRIVE ST. PETERSBURG, FL 33705 ORLANDO, FL 32810 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAMETERIC LANCASTER D 04/16/2009