

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021174

FILED
Apr 02, 2010
Secretary of State

Entity Name: L.A. INSURANCE AGENCY FL5, INC.

Current Principal Place of Business:

9000A S.O.B.T.
ORLANDO, FL 32809

New Principal Place of Business:

9000A S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

Current Mailing Address:

9000A S.O.B.T.
ORLANDO, FL 32809

New Mailing Address:

9000A S.ORANGE BLOSSOM TRAIL.
ORLANDO, FL 32809

FEI Number: 26-1195601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, ALLAN
9000A S.O.B.T.
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

EZELL, ALLAN
9000A S.ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809 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: ALLAN EZELL

04/02/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS
Name: EZELL, ALLAN
Address: 9000A S.ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

Title: DT
Name: MARTINEZ, YARILYS
Address: 9000A S.ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32809

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: ALLAN EZELL

P

04/02/2010

Electronic Signature of Signing Officer or Director

Date