

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000042109

FILED
Mar 14, 2012
Secretary of State

Entity Name: KATHLEEN L. LAWRENCE INSURANCE, INC.

Current Principal Place of Business:

12773 W. FOREST HILL BLVD.
#104
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12773 W. FOREST HILL BLVD.
#104
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 80-0183107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAWRENCE, KATHLEEN L
12773 W. FOREST HILL BLVD
#104
WELLINGTON, FL 33414 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/P
Name: LAWRENCE, KATHLEEN L
Address: 12773 W. FOREST HILL BLVD 104
City-St-Zip: WELLINGTON, FL 33414

Title: VP/T
Name: LAWRENCE, KATHLEEN L
Address: 12773 W. FOREST HILL BLVD 104
City-St-Zip: WELLINGTON, FL 33414

Title: S
Name: LAWRENCE, KATHLEEN L
Address: 12773 W. FOREST HILL BLVD. 104
City-St-Zip: WELLINGTON, FL 33414

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: KATHLEEN L. LAWRENCE

PRES

03/14/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date