

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058357

FILED
Apr 30, 2012
Secretary of State

Entity Name: L.A. INSURANCE AGENCY FL 9, INC

Current Principal Place of Business:

3317 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

3317 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 27-0542331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZELL, ALLAN MR.
3317 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746 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: P
Name: EZELL, ALLAN
Address: 3317 S. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VP
Name: MARTINEZ, YARILYS
Address: 3317 S. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: SEC
Name: EZELL, ALLAN
Address: 3317 S. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: TREA
Name: MARTINEZ, YARILYS
Address: 3317 S. ORANGE BLOSSOM TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

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

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date