

# 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