

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061999

FILED
Jan 08, 2011
Secretary of State

Entity Name: LSC INSURANCE AGENCY, INC.

Current Principal Place of Business:

7600 W. 20 AVE., #214
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

3426 PENINSULA CIRCLE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 65-0383760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, BARBARA E
7600 W 20TH AVE
#214
HIALEAH, FL 33016 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: PVP
Name: COLLINS, BARBARA E
Address: 7600 W 20TH AVE #214
City-St-Zip: HIALEAH, FL 33016

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: BARBARA E COLLINS

PRES

01/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date