

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061999

FILED  
Feb 17, 2012  
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

02/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date