

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021283

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** L.G. EDWARDS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

14111 7TH ST  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1548  
DADE CITY, FL 335261548 US

**New Mailing Address:**

**FEI Number:** 59-3307254      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDWARDS, ROBIN ANN  
14111 7TH ST  
DADE CITY, FL 33525 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:** DP  
**Name:** EDWARDS, ROBIN ANN  
**Address:** 14111 7TH ST  
**City-St-Zip:** DADE CITY, FL

**Title:** D  
**Name:** EDWARDS, JUDITH A  
**Address:** 13550 THOROUGHbred DR  
**City-St-Zip:** DADE CITY, FL 33525

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: ROBIN ANN EDWARDS

DP

03/14/2011

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

\_\_\_\_\_ Date