

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000021283

FILED
Mar 15, 2012
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

03/15/2012

Electronic Signature of Signing Officer or Director

Date