

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039472

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** LORI SWINDELL INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5672 MARQUESAS CIRCLE  
SARASOTA, FL 342333331 US

**New Principal Place of Business:**

**Current Mailing Address:**

5672 MARQUESAS CIRCLE  
SARASOTA, FL 342333331 US

**New Mailing Address:**

FEI Number: 65-0662437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWINDELL, LORI C  
5672 MARQUESAS CIRCLE  
SARASOTA, FL 342333331 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: PD  
Name: SWINDELL, LORI C  
Address: 5672 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 342333331 US

Title: VSTD  
Name: SWINDELL, GEORGE B  
Address: 5672 MARQUESAS CIRCLE  
City-St-Zip: SARASOTA, FL 342333331 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: GEORGE B SWINDELL

SECR

04/11/2011

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

\_\_\_\_\_ Date