2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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Entity Name: LPG INSURANCE SERVICES, INC.

Current Principal Place of Business:

6267 DUPONT STATION CT
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

PO BOX 24407
JACKSONVILLE, FL 32241 44

New Mailing Address:

PO BOX 24407
JACKSONVILLE, FL 32241

FEI Number: 59-3383858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DONOVAN, THOMAS W JR
6267 DUPONT STATION CT
JACKSONVILLE, FL 32257 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: D
Name: DONOVAN, THOMAS W
Address: 6267 DUPONT STATION CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: D
Name: DONOVAN, THOMAS W JR
Address: 6267 DUPONT STATION CT
City-St-Zip: JACKSONVILLE, FL 32217

Title: S
Name: LUKAS, DONNA S
Address: 2300 PACETTI RD
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: DONNA S LUKAS S 01/04/2012

Electronic Signature of Signing Officer or Director Date