

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000023446

1. Entity Name

LOOK INSURANCE AGENCY, INC.



Principal Place of Business

441 N DEL PRADO BLVD #6
CAPE CORAL FL 33909

Mailing Address

441 N DEL PRADO BLVD #6
CAPE CORAL FL 33909



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0738590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOOK, GERI
441 N DEL PRADO BLVD # 6
CAPE CORAL FL 33909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent on this Application

(NOTE: Registered Agent Signature required when submitting a:

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME LOOK, GERI
STREET ADDRESS 3004 SE 8TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME 000000876135
STREET ADDRESS 04/11/08-80062-001 150.00
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME LOOK MANDELBAUM, WENDY
STREET ADDRESS 3004 SE 8TH AVE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registration Phone #

3-26-08

23A-458-0500