

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075836

FILED
Apr 30, 2004
Secretary of State

Entity Name: LINGO INSURANCE AGENCY, INC.

Current Principal Place of Business:

7869 PINES BLVD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

2717 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

Current Mailing Address:

7869 PINES BLVD
PEMBROKE PINES, FL 33024

New Mailing Address:

2717 W CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

FEI Number: 65-0791318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINGO, STEVEN
1891 N 61 AVE, #414
HOLLYWOOD, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LINGO, STEVEN
Address: 1891 N 61 AVE, #414
City-St-Zip: HOLLYWOOD, FL 33024

Title: VSD () Delete
Name: LINGO, GINGER
Address: 1891 N 61 AVE, #414
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVEN LINGO

PTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date