

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085190

FILED
Mar 21, 2006
Secretary of State

Entity Name: LYNETTE BARBA INSURANCE AGENCY, INC.

Current Principal Place of Business:

1666 N. DONNELLY STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1666 N. DONNELLY STREET
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3478048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBA, LYNETTE
1666 N. DONNELLY STREET
MOUNT DORA, FL 32757 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: PT () Delete
Name: BARBA, LYNETTE
Address: 9020 LAUREL RIDGE DR
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: BARBA, PERFECTO II
Address: 9020 LAUREL RIDGE DR
City-St-Zip: MOUNT DORA, FL 32757

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 Chapter 119, 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: LYNETTE BARBA

Electronic Signature of Signing Officer or Director

PRES

03/21/2006

Date