

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085190

FILED  
Apr 03, 2007  
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

04/03/2007

\_\_\_\_\_  
Date