2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# P97000085190

Entity Name: LYNETTE BARBA INSURANCE AGENCY, INC.

Current Principal Place of Business:

1904 N DONNELLY STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1904 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
1904 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: PRES
Name: BARBA, LYNETTE
Address: 9020 LAUREL RIDGE DR
City-St-Zip: MOUNT DORA, FL 32757

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: LYNETTE BARBA PRES 02/17/2010

Electronic Signature of Signing Officer or Director Date