

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000058832

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** LEX L. BARKER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

12300 SOUTH SHORE BLVD  
SUITE 216  
WELLINGTON, FL 33414

**New Principal Place of Business:**

12180 SOUTH SHORE BLVD  
SUITE 103  
WELLINGTON, FL 33414

**Current Mailing Address:**

12300 SOUTH SHORE BLVD  
SUITE 216  
WELLINGTON, FL 33414

**New Mailing Address:**

12180 SOUTH SHORE BLVD  
SUITE 103  
WELLINGTON, FL 33414

**FEI Number:** 65-0979301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKER, LEX L  
8020 NW 70TH AVE.  
PARKLAND, FL 33067 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARKER, LEX L  
Address: 8020 NW 70TH AVE  
City-St-Zip: PARKLAND, FL 33067

Title: VP  
Name: BARKER, LAURA E  
Address: 8020 NW 70TH AVE.  
City-St-Zip: PARKLAND, FL 33067

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: LEX L BARKER

PRES

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date