

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # S41128

1. Entity Name
L & K INSURANCE ASSOCIATES, INC.



Principal Place of Business
**1532 OLD OKEECHOBEE RD
104
WEST PALM BEACH, FL 33409 US**

Mailing Address
**1532 OLD OKEECHOBEE RD
104
WEST PALM BEACH, FL 33409 US**



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0251080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KONZ, JOHN E
1532 OLD OKEECHOBEE RD #104
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with; and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KONZ, JOHN E 1532 OLD OKEECHOBEE RD #104 W PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KONZ, DOUGLAS J. 1532 OLD OKEECHOBEE RD., #104 WEST PALM BCH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONZ, PATRICIA M 1532 OLD OKEECHOBEE RD #104 WEST PALM BEACH, FL 33408
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000785610
01/17/08-80007-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Konz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. KONZ

1/14/08

Date

561-689-7828

Daytime Phone #