

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006815

Entity Name: L.A. DISCOUNT INSURANCE, INC.

Current Principal Place of Business:

2802 LEE BLVD. SUITE 2
LEHIGH ACRES, FL 33971

Current Mailing Address:

2802 LEE BLVD. SUITE 2
LEHIGH ACRES, FL 33971

FEI Number: 90-0237862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, TAMI L
403 HARRY AVE N
LEHIGH ACRES, FL 33971 US

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

Officer/Director Detail :

Title P
Name BAKER, TAMI L
Address PO BOX 462
City-State-Zip: LEHIGH ACRES FL 33970

Title SEC
Name HOOVER, KATYNA L
Address 2802 LEE BLVD STE 2
City-State-Zip: LEHIGH ACRES FL 33971

Title VP
Name HOOVER, KATYNA L
Address 2802 LEE BLVD STE 2
City-State-Zip: LEHIGH ACRES FL 33971

Title TR
Name BAKER, TAMI L
Address PO BOX 462
City-State-Zip: LEHIGH ACRES FL 33970

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: TAMI L BAKER

PRES

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date