2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2015
Secretary of State
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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	Title	SEC
Name	BAKER, TAMI L	Name	HOOVER, KATYNA L
Address	PO BOX 462	Address	2802 LEE BLVD STE 2
City-State-Zip:	LEHIGH ACRES FL 33970	City-State-Zip:	LEHIGH ACRES FL 33971
Title	VP	Title	TR
Name	HOOVER, KATYNA L	Name	BAKER, TAMI L
Address	2802 LEE BLVD STE 2	Address	PO BOX 462
City-State-Zip:	LEHIGH ACRES FL 33971	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 01/09/2015

Electronic Signature of Signing Officer/Director Detail — Date