

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000035085

**Entity Name:** PETER LACZKO INSURANCE, INC.

**Current Principal Place of Business:**

225 CREEKSTONE RIDGE  
WOODSTOCK, GA 30188

**Current Mailing Address:**

PO BOX 129  
LEBANON, GA 30146 US

**FEI Number:** 90-0060489

**Certificate of Status Desired:** No

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

LACZKO, PETER  
367 QUEBEC CT  
WEST PALM BEACH, FL 33411 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            D  
Name            LACZKO, PETER K  
Address        PO BOX 129  
City-State-Zip: LEBANON GA 30146

Title            O  
Name            LACZKO, LISA M  
Address        PO BOX 129  
City-State-Zip: LEBANON GA 30146

*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:** PETER LACZKO

**PRES**

**02/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date