

2015 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

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date