## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035085

Entity Name: PETER LACZKO INSURANCE, INC.

**Current Principal Place of Business:** 

250 CREEKSTONE RIDGE WOODSTOCK, GA 30188

**Current Mailing Address:** 

250 CREEKSTONE RIDGE WOODSTOCK, GA 30188 US

FEI Number: 90-0060489 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE 1ST FLOOR TALLAHASSEE, FL 32301 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: DANIEL STEGERT, ASSISTANT SECRETARY OF PARACORP INCORPORATED 04/18/2024

Electronic Signature of Registered Agent

Date

FILED Apr 18, 2024

**Secretary of State** 

8790703038CC

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name LACZKO, PETER K Name LACZKO, LISA

Name LACZKO, PETER K Name LACZKO, LISA M

Address 250 CREEKSTONE RIDGE Address 250 CREEKSTONE RIDGE
City-State-Zip: WOODSTOCK GA 30188
City-State-Zip: WOODSTOCK GA 30188

Title OWNER

Name PETER AND LISA LACZKO

REVOCABLE TRUST

Address 250 CREEKSTONE RIDGE City-State-Zip: WOODSTOCK GA 30188

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 PR

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/18/2024

Date