

**2020 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  
1231 N 15 CT  
HOLLYWOOD, FL 33020 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            PRESIDENT  
Name            LACZKO, PETER K  
Address        225 CREEKSTONE RIDGE  
City-State-Zip: WOODSTOCK GA 30188

Title            DIRECTOR  
Name            LACZKO, LISA M  
Address        225 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

**PRESIDENT**

**04/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date