

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000087742

**Entity Name:** LENNON INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

838 E NEW YORK AVENUE  
DELAND, FL 32724

**Current Mailing Address:**

P.O. BOX 11  
DELAND, FL 32721

**FEI Number: 56-2396651**

**Certificate of Status Desired: No**

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

LENNON, DONNA  
838 E NEW YORK AVENUE  
DELAND, FL 32724 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 PSD  
Name LENNON, DONNA  
Address 206 WEST CHANCERY LANE  
City-State-Zip: DELAND FL 32724

*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: DONNA LENNON**

**PSD**

**01/09/2015**

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

\_\_\_\_\_ Date