

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000036887

**Entity Name:** LORI PONS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

429 S TYNDALL PKWY  
SUITE A  
PANAMA CITY, FL 32404

**Current Mailing Address:**

2669 FEROL LN  
LYNN HAVEN, FL 32444

**FEI Number:** 20-0787886

**Certificate of Status Desired:** No

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

PONS, LORI G  
429 S TYNDALL PKWY  
SUITE A  
PANAMA CITY, FL 32404 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 P  
Name PONS, LORI G  
Address 429 S TYNDALL PKWY, SUITE A  
City-State-Zip: PANAMA CITY FL 32404

*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:** LORI G PONS

**PRESIDENT**

**04/13/2015**

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

\_\_\_\_\_  
Date