

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000039472

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

**Current Principal Place of Business:**

5672 MARQUESAS CIRCLE  
SARASOTA, FL 34233-3331

**Current Mailing Address:**

5672 MARQUESAS CIRCLE  
SARASOTA, FL 34233-3331 US

**FEI Number:** 65-0662437

**Certificate of Status Desired:** No

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

SWINDELL, LORI C  
5672 MARQUESAS CIRCLE  
SARASOTA, FL 34233-3331 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 PD  
Name SWINDELL, LORI C  
Address 5672 MARQUESAS CIRCLE  
City-State-Zip: SARASOTA FL 34233-3331

Title VSTD  
Name SWINDELL, GEORGE B  
Address 5672 MARQUESAS CIRCLE  
City-State-Zip: SARASOTA FL 34233-3331

*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 C SWINDELL

**PRESIDENT**

**03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date