

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000034644

FILED
Mar 24, 2008
Secretary of State

Entity Name: ALL QUOTES FAMILY INSURANCE AGENCY INC

Current Principal Place of Business:

6120 WEST OAKLAND PARK BLVD
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6150 HANCOCK ROAD
S.W. RANCHES, FL 33330

New Mailing Address:

FEI Number: 20-8651692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOY, FRANCES
6150 HANCOCK ROAD
S.W. RANCHES, FL 33330 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOY, FRANCES
Address: 6150 HANCOCK ROAD
City-St-Zip: S.W. RANCHES, FL 33330

Title: VP () Delete
Name: FOY, ROBERT
Address: 6150 HANCOCK ROAD
City-St-Zip: S.W. RANCHES, FL 33330

Title: O (X) Delete
Name: FALU, BIANCA L
Address: 2421 S.W. 103 WAY
City-St-Zip: MIRAMAR, FL 33025

Title: O (X) Delete
Name: EDWARDS, KEITH
Address: 12806 S.W. 54 COURT
City-St-Zip: MIRAMAR, FL 33027

Title: O (X) Delete
Name: EDWARDS, COURTNEY
Address: 12806 S.W. 54 COURT
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCES FOY

P

03/24/2008

Electronic Signature of Signing Officer or Director

Date