# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2009**
**Secretary of State**

DOCUMENT# P07000034644

**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:**

6150 HANCOCK ROAD
SW RANCHES, FL 33330

**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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 03/02/2009

Electronic Signature of Signing Officer or Director Date