

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125009

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA REGIONAL INSURANCE, INC.

**Current Principal Place of Business:**

7720 W WATERS AVENUE  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

7720 W WATERS AVENUE  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 59-3368336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SHAMEHDI, SADEGH M  
7720 W WATERS AVENUE  
TAMPA, FL 33615 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: SHAMEHDI, SADEGH M  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete  
Name: SHAMEHDI, LAURIE  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: S ( ) Delete  
Name: SHAMEHDI, CARISSA  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

Title: T ( ) Delete  
Name: SHAMEHDI, CORRINE  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

**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: T (X) Change ( ) Addition  
Name: SHAMEHDI, CORINNE  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

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: SADEGH M SHAMEHDI

P

02/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date