

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125009

FILED  
Jan 19, 2010  
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 ( )**

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

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

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

Title: T  
Name: SHAMEHDI, CORINNE  
Address: 7720 W WATERS AVENUE  
City-St-Zip: TAMPA, FL 33615

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: LAURIE SHAMEHDI

VP

01/19/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date