

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125009

FILED
Jan 05, 2012
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:

7753 W WATERS AVENUE
TAMPA, FL 33615

Current Mailing Address:

7720 W WATERS AVENUE
TAMPA, FL 33615

New Mailing Address:

7753 W WATERS AVENUE
TAMPA, FL 33615

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:

SHAMEHDI, SADEGH M
7753 W WATERS AVENUE
TAMPA, FL 33615 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: SADEGH M SHAMEHDI

01/05/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHAMEHDI, SADEGH M
Address: 7753 W WATERS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: VP
Name: SHAMEHDI, LAURIE
Address: 7753 W WATERS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: S
Name: SHAMEHDI, CARISSA
Address: 7753 W WATERS AVENUE
City-St-Zip: TAMPA, FL 33615

Title: T
Name: SHAMEHDI, CORINNE
Address: 7753 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: SADEGH M SHAMEHDI

P

01/05/2012

Electronic Signature of Signing Officer or Director

Date