

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053936

FILED
Feb 26, 2009
Secretary of State

Entity Name: STATEWIDE PREMIUM FINANCE, INC.

Current Principal Place of Business:

2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 65-0516148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKELSTEIN, MYRON H
2825 N UNIVERSITY DRIVE
SUITE 300
CORAL SPRINGS, FL 33065 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: PD () Delete
Name: FINKELSTEIN, MYRON H
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: MANNING, DANA
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CD () Delete
Name: SEAMAN, CARL
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 333065

Title: VSD () Delete
Name: RAYMOND, DAVID
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CFOT () Delete
Name: SHAW, KAREN
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: MEVORAH, STEVEN
Address: 2825 N UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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:

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: KAREN F SHAW

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02/26/2009

Electronic Signature of Signing Officer or Director

Date