

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000633

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: INSURANTI, INC.

**Current Principal Place of Business:**

6161 OAK TREE BLVD. SUITE 202  
INDEPENDENCE, OH 44131

**New Principal Place of Business:**

**Current Mailing Address:**

6161 OAK TREE BLVD. SUITE 202  
INDEPENDENCE, OH 44131

**New Mailing Address:**

FEI Number: 20-5999297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PK DR STE 4  
WESTON, FL 33331 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: FREEMAN, AUTRY  
Address: 1743 SMOKEY RD RD  
City-St-Zip: NEWMAN, GA 30263

Title: V ( ) Delete  
Name: JONES, DANNY  
Address: 224 JONES FARM RD  
City-St-Zip: PITTSBORO, NC 27312

Title: ST ( ) Delete  
Name: FISHER, JAMES  
Address: 17881 N WD LAKE DR  
City-St-Zip: CHAGRIN FALLS, OH 44023

**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:

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: DANNY JONES

V

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date