

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G10628

FILED
Mar 07, 2009
Secretary of State

Entity Name: ALL WRITE INSURANCE AGENCY, INC.

Current Principal Place of Business:

5740 JOHNSON STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

5740 JOHNSON STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2234075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORCELAN, HAROLD
5740 JOHNSON STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

PORCELAN, CAROLYN
5740 JOHNSON STREET
HOLLYWOOD, FL 33021 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: CAROLYN PORCELAN

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: PORCELAN, CAROLYN
Address: 5740 JOHNSON ST.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CAROLYN PORCELAN

DVT

03/07/2009

Electronic Signature of Signing Officer or Director

Date