

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # G30298

1. Entity Name
ZOT INSURANCE AGENCY, INC.



Principal Place of Business

10344 SW 26 ST
DAVIE, FL 33324

Mailing Address

10344 SW 26 ST
DAVIE, FL 33324



03092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2285060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, WILLIAM J.
10344 SW 26TH ST
DAVIE, FL 33324

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IN THIS SPACE**

8. 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. I am familiar with, and acknowledge the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
PHILLIPS, DANIA H
10344 SW 26TH ST
DAVIE, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/28/08-80005-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

Dania H. Phillips Dania H. Phillips 3/9/08 954-328-9518