

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30298

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: ZOT INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

10344 SW 26 ST  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

10344 SW 26 ST  
DAVIE, FL 33324

**New Mailing Address:**

FEI Number: 59-2285060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

DANIA H PHILLIPS  
10344 SW 26TH ST  
DAVIE, FL 33324 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: DANIA H PHILLIPS

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: PHILLIPS, DANIA H,  
Address: 10344 SW 26TH ST  
City-St-Zip: DAVIE, FL 33324

**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: DANIA H PHILLIPS

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date