

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46891

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: INSURANCE WORLD, INC.

**Current Principal Place of Business:**

830 NW 13 STREET  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

830 NW 13 ST.  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

FEI Number: 59-2918949      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VICTOR HAZY, JR.  
830 NW 13 STREET  
GAINESVILLE, FL 32601 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: VP ( ) Delete  
Name: ENLOW, LOWELL M.  
Address: 415 MONTREAL WAY  
City-St-Zip: ROCKLEDGE, FL

Title: VP ( ) Delete  
Name: SMITH, STEPHEN  
Address: 1147 N HALIFAX DR.  
City-St-Zip: DAYTONA BEACH, FL

Title: S/T ( ) Delete  
Name: HAZY, VICTOR  
Address: 830 NW 13 STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: VP ( ) Delete  
Name: MALONE, JAMES  
Address: 2635 DUPONT AVE.  
City-St-Zip: JACKSONVILLE, FL

Title: PRES ( ) Delete  
Name: DOBRY, HAL  
Address: 10 MARTINIQUE COVE  
City-St-Zip: PALM BCH GARDENS, FL

**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:

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: VICTOR HAZY, JR.

Electronic Signature of Signing Officer or Director

TREA

04/10/2009

\_\_\_\_\_ Date