2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# K46895

Entity Name: INSURANCE WORLD FRANCHISOR, 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 STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-2918935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAZY, VICTOR JR
830 NW 13TH 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: SMITH, STEPHEN M.,
Address: 566 INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BCH., FL 32014

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

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

Title: VP ( ) Delete
Name: MALONE, JAMES M.,
Address: 1907 BLANDING BLVD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: LUCAS, STEVEN W
Address: 214 TIMBERCOVE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: ENLOW, LOWELL
Address: 1210 S. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32780

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:

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. TREA 04/03/2009
Electronic Signature of Signing Officer or Director Date