

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K46895

FILED
Feb 02, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: VP
Name: SMITH, STEPHEN M.
Address: 566 INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BCH., FL 32014

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: VICTOR HAZY

VP

02/02/2011

Electronic Signature of Signing Officer or Director

Date