

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112580

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: INSURANCE ASSOCIATES OF CENTRAL FLORIDA, INC.

## Current Principal Place of Business:

103 THUNBERG COVE  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

2200 WINTER SPRINGS BLVD  
STE 106-205  
OVIEDO, FL 32765

## Current Mailing Address:

2200 WINTER SPRINGS BLVD STE 106-205  
OVIEDO, FL 32765

## New Mailing Address:

2200 WINTER SPRINGS BLVD  
STE 106-205  
OVIEDO, FL 32765

FEI Number: 59-3394501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUBSCH, STEPHANIE C  
103 THUNBERG COVE  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

HUBSCH, Nanci A  
2200 WINTER SPRINGS BLVD  
STE 106-205  
OVIEDO, FL 32765 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: Nanci HUBSCH

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUBSCH, STEPHANIE C  
Address: 103 THUNBERG COVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: HUBSCH, STEPHANIE C  
Address: 103 THUNBERG COVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Delete  
Name: HUBSCH, STEPHANIE C  
Address: 103 THUNBERG COVE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S (X) Delete  
Name: HUBSCH, STEPHANIE C  
Address: 103 THUNBERG COVE  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change ( ) Addition  
Name: HUBSCH, Nanci A  
Address: 2200 WINTER SPRINGS BLVD STE 106-205  
City-St-Zip: OVIEDO, FL 32765

Title: M (X) Change ( ) Addition  
Name: HUBSCH, STEPHANIE C  
Address: 2200 WINTER SPRINGS BLVD STE 106-205  
City-St-Zip: OVIEDO, FL 32765

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: Nanci HUBSCH

M

04/08/2009

Electronic Signature of Signing Officer or Director

Date