

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019463

FILED
Jul 25, 2009
Secretary of State

Entity Name: CAROL CITY DISCOUNT INSURANCE INC.

Current Principal Place of Business:

18391 NW 27 AVE.
CAROL CITY, FL 33056

New Principal Place of Business:

Current Mailing Address:

18391 NW 27 AVE.
CAROL CITY, FL 33056

New Mailing Address:

FEI Number: 03-0389464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODARZI, HAMID
18391 NW 27 AVE
CAROL CITY, FL 33056 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GOODARZI, HAMID
Address: 18391 NW 27 AVE
City-St-Zip: CAROL CITY, FL 33056

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: HAMDI GODARZI

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07/25/2009

Electronic Signature of Signing Officer or Director

Date