2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P02000123559

Entity Name: LARRY GREENWALD INSURANCE, INC.

Current Principal Place of Business:

1145 BARTOW ROAD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

1145 BARTOW ROAD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 48-1285230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENWALD, LARRY
4801 OSPREY DR S
601
ST PETERSBURG, FL 33711 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: D ( ) Delete
Name: GREENWALD, LARRY
Address: 4801 OSPREY DRIVE S #601
City-St-Zip: ST PETERSBURG, FL 33711

Title: D ( ) Delete
Name: GREENWALD, SUSANNE
Address: 4801 OSPREY DRIVE SOUTH #601
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LARRY GREENWALD PRES 04/15/2009

Electronic Signature of Signing Officer or Director Date