## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # P03000085955** 

1. Entity Name

INTEGRITY INSURNACE & FINANCIAL PLANNING, INC.



**FILED** Jan 28, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

2111 E MICHIGAN ST STE 103 ORLANDO, FL 32806

Mailing Address

2111 E MICHIGAN ST STE 103 ORLANDO, FL 32806



DO NOT WRITE IN THIS SPACE

01022008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For

5. Certificate of Status Desired

20-0138439

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

HOUGH, RANDALL S 2111 E MICHIGAN ST STE 103 ORLANDO, FL 32806

## DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DAYE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY ST-ZIP	P HOUGH, RANDALL S 1314 APPLETON AVE ORLANDO, FL 32806				U00000800095 01/31/08-80003-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOUGH, PAMELA A 1314 APPLETON AVE ORLANDO, FL 32806				81/31/00 00000 300 100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Į	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 diseasempoyeered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addiesy, with all other line empowered.					

ING OFFICER OR DIRECTOR