


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90047 016 ***150.00

DOCUMENT # P04000036166 1. Entity Name INSTANT INSURANCE, INC.					
Principal Place of Business 25833 ST RD 46 SORRENTO, FL 32776			Mailing Address 25833 ST RD 46 # 100 SORRENTO, FL 32776		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 25833 ST RD 46			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State SORRENTO, FL		4. FEI Number 20-0773030	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32776		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSS, KATHRYN V 1177 LOUISIANA AVE STE 101 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNETT, KYLE <input type="checkbox"/> Delete 25833 ST RD 46 SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURNETT, TINA <input type="checkbox"/> Delete 178 DENNISON CT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTELS, STEPHANIE <input checked="" type="checkbox"/> Delete 25833 ST RD 46 SORRENTO, FL 32776		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURNETT, STEPHANIE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 25833 ST RD 46 SORRENTO, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNETT, STEVEN <input type="checkbox"/> Delete 178 DENNISON COURT WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 trustee empowered 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 address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/21/08 352-735-5560 <small>Date Daytime Phone #</small>		