

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058215

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** ALL LINES INSURANCE OF BREVARD, INC.

**Current Principal Place of Business:**

966 S. WICKMAN RD. #102  
WEST MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 984  
MELBOURNE, FL 32902

**New Mailing Address:**

P.O. BOX 939  
MELBOURNE, FL 32902

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RANEW, BARRY  
966 S. WICKMAN RD. #102  
WEST MELBOURNE, FL 32904 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: MGRM ( ) Delete  
Name: RANEW, BARRY  
Address: 966 S. WICKMAN RD. #102  
City-St-Zip: WEST MELBOURNE, FL 32904

**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: BARRY RANEW

MGRM

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date