2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116405

Entity Name: ALL FLORIDA INSURANCE OPTIONS, INC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1680-22 DUNN AVENUE JACKSONVILLE, FL 32218					
Current Mailing Address:			New Mailing Address:		
1680-22 DUNN AVENUE JACKSONVILLE, FL 32218					
FEI Number:	20-3263381	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PETTY, HE 44170 WOO CALLAHAN	DDLAND CIR	US			
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () E PETTY, HENRIET 44170 WOODLAI CALLAHAN, FL 3	ND CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E HAMILTON, BERI 601 FALLEN TIM ORANGE PARK,	BERS DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition LAMB, HEIDI L 10417 GAILWOOD CIR E JACKSONVILLE, FL 32218 US	
Title: Name: Address: City-St-Zip:	SEC () E HAMILTON, BERI 601 FALLEN TIM ORANGE PARK,	BERS DRIVE	Title: Name: Address: City-St-Zip:	SEC (X) Change () Addition LAMB, HEIDI L 10417 GAILWOOD CIR E JACKSONVILLE, FL 32218 US	
Title: Name: Address: City-St-Zip:	TREA () E HAMILTON, BERI 601 FALLEN TIM ORANGE PARK,	NARD L BERS DRIVE	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition PETTY, HENRIETTA 44170 WOODLAND CIR CALLAHAN, FL 32011 US	
Title: Name: Address: City-St-Zip:	DIR () E PETTY, JOHN P 44170 WOODLAI CALLAHAN, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DIR () E LAMB, HEIDI L 44170 WOODLAI CALLAHAN, FL 3		Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition LAMB, THOMAS C 10417 GAILWOOD CIR E JACKSONVILLE, FL 32218 US	

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: HENRIETTA PETTY PRES 04/29/2008