

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116405

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ALL FLORIDA INSURANCE OPTIONS, INC

**Current Principal Place of Business:**

1680-22 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1680-22 DUNN AVENUE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 20-3263381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

PETTY, HENRIETTA  
44170 WOODLAND CIR  
CALLAHAN, FL 32011 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: PRES ( ) Delete  
Name: PETTY, HENRIETTA  
Address: 44170 WOODLAND CIR  
City-St-Zip: CALLAHAN, FL 32011 US

Title: VP ( ) Delete  
Name: LAMB, HEIDI L  
Address: 10417 GAILWOOD CIR E  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SEC ( ) Delete  
Name: LAMB, HEIDI L  
Address: 10417 GAILWOOD CIR E  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TREA ( ) Delete  
Name: PETTY, HENRIETTA  
Address: 44170 WOODLAND CIR  
City-St-Zip: CALLAHAN, FL 32011 US

Title: DIR ( ) Delete  
Name: PETTY, JOHN P  
Address: 44170 WOODLAND CIR  
City-St-Zip: CALLAHAN, FL 32011 US

Title: DIR ( ) Delete  
Name: LAMB, THOMAS C  
Address: 10417 GAILWOOD CIR E  
City-St-Zip: JACKSONVILLE, FL 32218 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LAMB, HEIDI L  
Address: 10246 ELMHURST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SEC (X) Change ( ) Addition  
Name: LAMB, HEIDI L  
Address: 10246 ELMHURST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: LAMB, THOMAS C  
Address: 10246 ELMHURST DRIVE  
City-St-Zip: 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

Electronic Signature of Signing Officer or Director

PRES

03/24/2009

\_\_\_\_\_ Date