

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000116405

FILED
Apr 20, 2011
Secretary of State

Entity Name: ALL FLORIDA INSURANCE OPTIONS, INC

Current Principal Place of Business:

1036-04 DUNN AVE
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1036-04 DUNN AVE
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-3263381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: LAMB, HEIDI L
Address: 12657 PULASKI RD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: SEC
Name: LAMB, HEIDI L
Address: 12657 PULASKI RD
City-St-Zip: JACKSONVILLE, FL 32218 US

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

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

Title: DIR
Name: LAMB, THOMAS C
Address: 12657 PULASKI RD
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: HENRIETTA PETTY

PRES

04/20/2011

Electronic Signature of Signing Officer or Director

Date