

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000009124

Entity Name: INSURANCE 4 YOU, INC.

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1402 NORTH STATE ROAD SEVEN  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1402 NORTH STATE ROAD SEVEN  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 14-1949429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WEISSMAN, ROBERTA GAIL  
1402 NORTH STATE ROAD SEVEN  
MARGATE, FL 33063 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: D  
Name: WEISSMAN, ROBERTA GAIL  
Address: 1402 NORTH STATE ROAD SEVEN  
City-St-Zip: MARGATE, FL 33063

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: ROBERTA G WEISSMAN

OWNE

01/27/2010

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

\_\_\_\_\_  
Date