

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000011013

FILED
Jan 22, 2009
Secretary of State

Entity Name: NEW RIVER GENERAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

1280 SW 36TH AVENUE
SUITE 305
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1280 SW 36TH AVENUE
SUITE 305
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 20-4112147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PTD () Delete
Name: HIMMELSTEIN, MARVIN DAVID
Address: 25 CHICORY LANE
City-St-Zip: RIVERWOODS, IL 60015

Title: VSCD () Delete
Name: MORRIS, GLENN SCOTT
Address: 123 OAKMONT
City-St-Zip: DEERFIELD, IL 60015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARVIN D. HIMMELSTEIN

PTD

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date