

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000114533

FILED
Jan 06, 2012
Secretary of State

Entity Name: INSURANCE ADVISORS OF FLORIDA, INC.

Current Principal Place of Business:

820 W. LAKE MARY BLVD.
101
SANFORD, FL 32773 US

New Principal Place of Business:

820 W. LAKE MARY BLVD.
107
SANFORD, FL 32773 US

Current Mailing Address:

820 W. LAKE MARY BLVD.
101
SANFORD, FL 32773 US

New Mailing Address:

820 W. LAKE MARY BLVD.
107
SANFORD, FL 32773 US

FEI Number: 51-0601437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRELL, CHAD B
409 SUMMIT RIDGE PL.
213
LONGWOOD, FL 32779 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: P
Name: GARRELL, CHAD B
Address: 409 SUMMIT RIDGE PL. #213
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP
Name: KUGA, TINA L
Address: 420 SUMMIT RIDGE PL. #206
City-St-Zip: LONGWOOD, FL 32779 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: TINA KUGA

VP

01/06/2012

Electronic Signature of Signing Officer or Director

Date