

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000144613

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: NEW VISION INSURANCE AGENCY, INC.

## Current Principal Place of Business:

12215 COLLIER BLVD  
11  
NAPLES, FL 34116

## New Principal Place of Business:

## Current Mailing Address:

12215 COLLIER BLVD  
11  
NAPLES, FL 34116

## New Mailing Address:

FEI Number: 20-5897271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUFORT, ERNEST  
12215 COLLIER BLVD  
11  
NAPLES, FL 34116 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: P ( ) Delete  
Name: DUFORT, ERNEST  
Address: 12215 COLLIER BLD 11  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: TOUSSAINT, JEAN D  
Address: 12215 COLLIER BLVD 11  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: BEAUPLAN, JEAN-CLAUDE  
Address: 12215 COLLIER BLVD 11  
City-St-Zip: NAPLES, FL 34116

Title: VP ( ) Delete  
Name: PIERRE, DOY  
Address: 12215 COLLIER BLVD 11  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ERNEST DUFORT

PRES

04/20/2009

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

\_\_\_\_\_  
Date