2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# P08000041046

Entity Name: KARL E WRIGHT INSURANCE AGENCY, INC.

Current Principal Place of Business:

4286 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 333283007

New Principal Place of Business:

4286 SOUTH UNIVERSITY DRIVE
DAVIE, FL 333283007

Current Mailing Address:

4286 SOUTH UNIVERSITY DRIVE
PLANTATION, FL 333283007

New Mailing Address:

4286 SOUTH UNIVERSITY DRIVE
DAVIE, FL 333283007

FEI Number: 26-2636526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, KARL
2738 MEADOWOOD DRIVE
WESTON, FL 333323438 US

Name and Address of New Registered Agent:

WRIGHT, KARL E
2738 MEADOWOOD DRIVE
WESTON, FL 333323438 US

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: KARL E WRIGHT 02/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WRIGHT, KARL E
Address: 2738 MEADOWOOD DRIVE
City-St-Zip: WESTON, FL 333323438

Title: V ( ) Delete
Name: WRIGHT, CHERYL L
Address: 2738 MEADOWOOD DRIVE
City-St-Zip: WESTON, FL 333323438

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition
Name: WRIGHT, KARL E
Address: 2738 MEADOWOOD DRIVE
City-St-Zip: WESTON, FL 333323438

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: KARL E WRIGHT P 02/09/2009
Electronic Signature of Signing Officer or Director Date