

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90067 009 ***150.00

DOCUMENT # P98000082935

1. Entity Name
WINTER PARK INSURANCE INVESTMENTS, INC.



Principal Place of Business
1780 N KROME AVE
HOMESTEAD, FL 33030

Mailing Address
P.O. BOX 1505
HOMESTEAD, FL 33090

40032168



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3534300 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LUND, L ALAN
1780 N KROME AVE
HOMESTEAD, FL 33030

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | PD |
| NAME | LUND, L ALAN |
| STREET ADDRESS | 1780 N KROME AVE |
| CITY-ST-ZIP | HOMESTEAD, FL 33030 |

| | |
|----------------|------------------|
| TITLE | VPD |
| NAME | NENEZIAN, GEORGE |
| STREET ADDRESS | 700 ABERDEEN WAY |
| CITY-ST-ZIP | MIAMI LAKES, FL |

| | |
|----------------|---------------------|
| TITLE | STD |
| NAME | JONES, THOMAS R JR. |
| STREET ADDRESS | 17950 SW 285 STREET |
| CITY-ST-ZIP | HOMESTEAD, FL 33031 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
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| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L Alan Lund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-08

Date

305-246-7502

Daytime Phone #