

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47266

FILED  
Jan 09, 2009  
Secretary of State

Entity Name: STANDARD PREMIUM FINANCE MANAGEMENT CORPORATION

## Current Principal Place of Business:

16155 SW 117 AVE  
BAY B-15  
MIAMI, FL 33177 US

## New Principal Place of Business:

13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186 US

## Current Mailing Address:

16155 SW 117 AVE  
BAY B-15  
MIAMI, FL 33177 US

## New Mailing Address:

13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186 US

FEI Number: 65-0259290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOATWRIGHT, LEONARD  
16155 SW 117 AVE  
STE. B-15  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

BOATWRIGHT, LEONARD  
13590 SW 134 AVENUE  
SUITE 214  
MIAMI, FL 33186 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: LEONARD BOATWRIGHT

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CAREY, GREGORY  
Address: 9625 DOMINICAN  
City-St-Zip: MIAMI, FL

Title: DS ( ) Delete  
Name: BOATWRIGHT, LEONARD, M JR  
Address: 15410 SW 84TH AVE  
City-St-Zip: MIAMI, FL 33187

Title: PD ( ) Delete  
Name: KOPPELMANN, W.J.,  
Address: 13220 SW 146 STREET  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: JACOBS, RONALD  
Address: 4273 PINE RIDGE COURT  
City-St-Zip: WESTON, FL 33331

Title: DT ( ) Delete  
Name: TAPPIN, ANTHONY R  
Address: 404 NORTH WEST SHOREVIEW DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986

## 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:

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: WILLIAM KOPPELMANN

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date