

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006998

FILED
Apr 29, 2005
Secretary of State

Entity Name: INTERLEX INSURANCE COMPANY

Current Principal Place of Business:

1343 EAST KINGSLEY
SUITE G
SPRINGFIELD, MO 65804

New Principal Place of Business:

Current Mailing Address:

1343 EAST KINGSLEY
SUITE G
SPRINGFIELD, MO 65804

New Mailing Address:

FEI Number: 43-1327896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTELBOER, ROB
1000 RIVERSIDE AVE., STE 800
JACKSONVILLE, FL 32204 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: PD () Delete
Name: WHITE, ROBERT E JR
Address: 200 E. KARI COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: THORPE, KIM D
Address: 8282 RIDING CLUB RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete
Name: COWN, ROBERTA G
Address: 4443 ROYAL TERN COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ASD () Delete
Name: PARKS, PEGGY A
Address: 5024 RIPPLE RUSH DR. N.
City-St-Zip: JACKSONVILLE, FL 32257

Title: CD () Delete
Name: SPATARO, PETER F
Address: 9035 FERNALD
City-St-Zip: ST LOUIS, MO

Title: D () Delete
Name: WULFF, ROBERT A SR
Address: 18131 BENT RIDGE
City-St-Zip: WILDWOOD, MO 63038

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT L. WORTELBOER, JR.

RA

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date