

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F49851

FILED
Apr 13, 2005
Secretary of State

Entity Name: INSURAMERICA OF FLORIDA, INC.

Current Principal Place of Business:

6639 SOUTHPOINT PKWY
STE 108
JACKSONVILLE, FL 32216

New Principal Place of Business:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

Current Mailing Address:

6639 SOUTHPOINT PKWY
STE 108
JACKSONVILLE, FL 32216

New Mailing Address:

4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216

FEI Number: 59-2130271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, BOBBY L
6639 SOUTHPOINT PKWY
STE 108
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WALTON, BOBBY L
4348 SOUTHPOINT BLVD
STE 200
JACKSONVILLE, FL 32216 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: BOBBY L. WALTON

04/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: WILLIAMS, WALTER JR,
Address: 6639 SOUTHPOINT PKWY STE 108
City-St-Zip: JACKSONVILLE, FL 32216

Title: P () Delete
Name: WALTON, OTIS L. (BOB, BY)
Address: 6639 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP () Delete
Name: DOTTELLIS, KAREN
Address: 6639 SOUTHPOINT PKWY STE 108
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: LACY, LISA
Address: 6639 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: WILLIAMS, WALTER JR,
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: P (X) Change () Addition
Name: WALTON, BOBBY L,
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change () Addition
Name: GARCEAU, KAREN
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: S (X) Change () Addition
Name: LACY, LISA
Address: 4348 SOUTHPOINT BLVD STE 200
City-St-Zip: JACKSONVILLE, FL 32216

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: LISA LACY

S

04/13/2005

Electronic Signature of Signing Officer or Director

Date