# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2005**
**Secretary of State**

DOCUMENT# H31891

**Entity Name:** INSURANCE OFFICE OF AMERICA, INC.

**Current Principal Place of Business:**

150 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US

**Current Mailing Address:**

PO BOX 162207
ALTAMONTE SPRINGS, FL 327162207 US

**New Mailing Address:**

**FEI Number: 59-2472656** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAN, THOMAS P.
111 N. ORANGE AVE, SUITE 1200
ORLANDO, FL 32801 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: DP ( ) Delete
Name: RITENOUR, JOHN K.,
Address: 475 LONGMEADOW LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: MANFRE, MARK
Address: 150 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: SCALISE, TOM
Address: 150 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: LODWICK, DAVID
Address: 150 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D ( ) Delete
Name: MAKI, DAVE
Address: 150 NORTH WESTMONTE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**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 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: TOM SCALISE SEC 04/14/2005

Electronic Signature of Signing Officer or Director — Date