

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 06, 2004
Secretary of State**

DOCUMENT# N99000005605

Entity Name: WINDSTORM INSURANCE NETWORK, INC.

Current Principal Place of Business:

3375 TOMPKINS ST
PENSACOLA, FL 32504

New Principal Place of Business:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

Current Mailing Address:

3375 TOMPKINS ST
PENSACOLA, FL 32504

New Mailing Address:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

FEI Number: 59-3604274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOEHM, J RICHARD
113 EXECUTIVE CIRCLE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

COWHEARD, DAVID
3625 NW 82ND AVENUE
MIAMI, FL 33166 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: DAVID COWHEARD 05/06/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

- Title: PD () Delete
Name: LEISURE, REBECCA
Address: 12157 W. LINEBAUGH AVE.
City-St-Zip: TAMPA, FL 33626
- Title: VP () Delete
Name: TUTWILER, CHARLES
Address: 5401 W. KENNEDY BLVD. #986
City-St-Zip: TAMPA, FL 33609
- Title: SD () Delete
Name: HISEY, DAVID
Address: 5317 FRUITVILLE ROAD, SUITE 171
City-St-Zip: SARASOTA, FL 34232
- Title: TD () Delete
Name: COWHEARD, DAVID
Address: 3625 NW 82ND AVENUE, SUITE 306
City-St-Zip: MIAMI, FL 33166
- Title: D () Delete
Name: SHORTLEY, JAMES
Address: 500 C STREET SW
City-St-Zip: WASHINGTON, DC 20472
- Title: D (X) Delete
Name: VOELPEL, JOHN
Address: 2202 F CURRY FORD ROAD
City-St-Zip: ORLANDO, FL 328062478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: VP (X) Change () Addition
Name: VOELPEL, JOHN
Address: 2202 F CURRY FORD RD
City-St-Zip: ORLANDO, FL 33806
- Title: PD (X) Change () Addition
Name: TUTWILER, CHARLES
Address: 5401 W. KENNEDY BLVD. #986
City-St-Zip: TAMPA, FL 33609
- 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COWHEARD TD 05/06/2004
Electronic Signature of Signing Officer or Director Date