

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005
Secretary of State

DOCUMENT# N99000005605

Entity Name: WINDSTORM INSURANCE NETWORK, INC.

Current Principal Place of Business:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4360 DEVEREUX DRIVE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3604274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COWHEARD, DAVID
3625 NW 82ND AVENUE
MIAMI, FL 33166 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VOELPEL, JOHN
Address: 2202 F CURRY FORD RD
City-St-Zip: ORLANDO, FL 33806

Title: PD () 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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COWHEARD

D

07/27/2005

Electronic Signature of Signing Officer or Director

_____ Date