

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091415

Entity Name: WPB INSURANCE GROUP, INC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

12794 WEST FOREST HILLS BLVD
#34
WELLINGTON, FL 33414

New Principal Place of Business:

125 S. STATE ROAD 7
STE 104-178
WELLINGTON, FL 33414

Current Mailing Address:

125 SOUTH STATE ROAD 7
#104-178
WELLINGTON, FL 33414

New Mailing Address:

125 S. STATE ROAD 7
STE 104-178
WELLINGTON, FL 33414

FEI Number: 26-3501370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIVETO, CHARLES
7425 NW 4 STREET
PLANTATION, FL 33317 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: P () Delete
Name: DUNKLE, STEVEN
Address: 10279 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33449

Title: VP () Delete
Name: DUNKLE, ANIKO
Address: 10279 TRIANON PLACE
City-St-Zip: WELLINGTON, FL 33449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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: STEVEN DUNKLE

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date