

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422421

FILED
Apr 19, 2005
Secretary of State

Entity Name: TOWER HILL INSURANCE GROUP, INC.

Current Principal Place of Business:

7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 147018
ATTN: LEGAL COMPLIANCE
GAINESVILLE, FL 326147018 US

New Mailing Address:

FEI Number: 59-1461078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMQUIST, JONATHAN B
7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

PALMQUIST, JONATHON B
7201 N.W. 11TH PLACE
GAINESVILLE, FL 32605 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: JONATHON B. PALMQUIST

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SHIVELY, WILLIAM J
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: COO () Delete
Name: MATZ, DONALD C JR
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: S () Delete
Name: PALMQUIST, JONATHAN
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ?D () Delete
Name: SHIVELY, WILLIAM J
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: T () Delete
Name: SHEEKEY, BRIAN T
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PALMQUIST, JONATHON
Address: 7201 N.W. 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: D (X) Change () Addition
Name: SHIVELY, WILLIAM J
Address: 7201 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: JONATHON B. PALMQUIST

S

04/19/2005

Electronic Signature of Signing Officer or Director

Date