2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 429132

Entity Name: INSURANCE SERVICE OF SARASOTA, INC.

Current Principal Place of Business:

873 SOUTH TAMIAMI TRAIL
P.O. BOX 907
OSPREY, FL 34229 US

New Principal Place of Business:

873 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229 US

Current Mailing Address:

873 SOUTH TAMIAMI TRAIL
P.O. BOX 907
OSPREY, FL 34229 US

New Mailing Address:

873 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229 US

FEI Number: 59-1483277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACFARLANE,JOHN
873 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229 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: PD ( ) Delete
Name: MACFARLANE, JOHN R.,
Address: 1152 N CASEY KEY RD.
City-St-Zip: OSPREY FL,

Title: ST ( ) Delete
Name: MACFARLANE, DOROTHY,
Address: 1152 N CASEY KEY RD.
City-St-Zip: OSPREY FL,

Title: P ( ) Delete
Name: DAVIS, ERICA D
Address: 312 PINE RANCH TRAIL
City-St-Zip: OSPREY, FL

Title: VP ( ) Delete
Name: DAUENHEIMER, JOHN
Address: 519 HABITAT BLVD
City-St-Zip: OSPREY, FL 34229

Title: VP ( ) Delete
Name: MACFARELANE, KEITH A
Address: 5038 SANDY COVE AVENUE
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P (X) Change ( ) Addition
Name: DAVIS, ERICA D
Address: 739 FORDINGBRIDGE RD
City-St-Zip: OSPREY, FL

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: JOHN R MACFARLANE PD 04/30/2007

Electronic Signature of Signing Officer or Director Date