2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# 461156

Entity Name: THE INSURANCE HOUSE OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

17181 EAST CAPE CORAL
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

17181 EAST CAPE CORAL
CAPE CORAL, FL 33904 US

New Mailing Address:

P O BOX 100786
CAPE CORAL, FL 33910 US

FEI Number: 59-1865165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAYLOR, KENNETH M.
1718 E CAPE CORAL PKWY
CAPE CORAL, FL 33904

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: KAYLOR, KENNETH M.,
Address: 1718 E CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33904

Title: STD ( ) Delete
Name: SAMMONS, SHERRI
Address: 1718E CAPE CORAL PKWY
City-St-Zip: CAPE CORAL, FL 33904

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 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: KENNETH M KAYLOR PD 04/19/2004

Electronic Signature of Signing Officer or Director Date