

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 467370

1. Entity Name
STOUTAMIRE INSURANCE, INC.



Principal Place of Business
**16783 SE SOUTH PEAR ST.
BLOUNSTOWN, FL 32424**

Mailing Address
**P. O. BOX 360
BLOUNSTOWN, FL 32424**



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1580587 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**STOUTAMIRE, WILLIAM F
16783 SE SOUTH PEAR ST.
BLOUNSTOWN, FL 32424**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | V STOUTAMIRE, WM. F 16783 SE S. PEAR ST., PO BOX 360 BLOUNSTOWN, FL |
|---|--|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
|---|--|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
|---|--|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
|---|--|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
|---|--|

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST- ZIP | |
|---|--|

000000692609
04/16/07-80006-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Stoutamire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

Daytime Phone #

*850-674-5974
674-8945*