

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471811

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** SIHLE INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1021 DOUGLAS AVENUE  
ALTAMONTE SPGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160398  
ALTAMONTE SPGS, FL 32716 US

**New Mailing Address:**

**FEI Number:** 59-1619274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIHLE, GERALD K.  
1021 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SIHLE, GERALD K.  
Address: 1930 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32746

Title: ST  
Name: SIHLE, JOAN  
Address: 1930 BRIDGEWATER DRIVE  
City-St-Zip: HEATHROW, FL 32746

Title: P  
Name: SIHLE, KENNETH G  
Address: 1730 PINE CREEK  
City-St-Zip: LAKE MARY, FL 32746

Title: VP  
Name: SIHLE, MICHAEL D  
Address: 601 PRAIRIE LAKE DR  
City-St-Zip: CASSELBERRY, FL 32730

I hereby 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 all other like empowered.

SIGNATURE: GERALD K. SIHLE

CEO

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date