2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# 524269

Entity Name: HERBIE WILES INSURANCE, INC.

Current Principal Place of Business:

400 N PONCE DE LEON BLVD
PO BOX 3067
ST. AUGUSTINE, FL 320853067 US

New Principal Place of Business:

400 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

P.O. DRAWER 3067
ST. AUGUSTINE, FL 320853067 US

New Mailing Address:

FEI Number: 59-1707408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILES, DOUGLASS F PRES
400 N PONCE DE LEON BLVD
P.O. DRAWER 3067
ST. AUGUSTINE, FL 320853067 US

Name and Address of New Registered Agent:

WILES, DOUGLASS F PRES
400 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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: DOUGLASS F WILES 01/04/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: WILES, HERBERT,
Address: 63 BAYVIEW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PS ( ) Delete
Name: WILES, DOUGLASS F.,
Address: 405 NIGHTHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP ( ) Delete
Name: HOWELL, JR. W
Address: 3200 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: WILES, HERBERT L
Address: 63 BAYVIEW DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: PS (X) Change ( ) Addition
Name: WILES, DOUGLASS F
Address: 405 NIGHTHAWK LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change ( ) Addition
Name: HOWELL, JR. W
Address: 3200 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLASS F WILES P 01/04/2007
Electronic Signature of Signing Officer or Director Date