2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# F07000000565

Entity Name: LEAVITT RECREATION & HOSPITALITY INSURANCE, INC.

Current Principal Place of Business:

1001 LAZELLE STREET
STURGIS, SD 57785

New Principal Place of Business:

Current Mailing Address:

1001 LAZELLE STREET
STURGIS, SD 57785

New Mailing Address:

FEI Number: 84-0959596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P ( ) Delete
Name: LARSON, GARY
Address: 216 S. 200 WEST
City-St-Zip: CEDAR CITY, UT 84720

Title: V ( ) Delete
Name: TORNETEN, STACY S
Address: 1001 LAZELLE STREET
City-St-Zip: STURGIS, SD 57785

Title: T ( ) Delete
Name: TAIT, ERIC
Address: 216 S. 200 WEST
City-St-Zip: CEDAR CITY, UT 84720

Title: S ( ) Delete
Name: KENNEY, MARK G
Address: 216 S. 200 WEST
City-St-Zip: CEDAR CITY, UT 84720

Title: V ( ) Delete
Name: SMITH, VANCE
Address: 216 S. 200 WEST
City-St-Zip: CEDAR CITY, UT 84720

Title: V ( ) Delete
Name: CALLISTER, KEVIN
Address: 216 S. 200 WEST
City-St-Zip: CEDAR CITY, UT 84720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARK G KENNEY S 02/29/2008

Electronic Signature of Signing Officer or Director — Date