


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F27362		
1. Entity Name INSURETECH INC.		
Principal Place of Business 306 E. MAIN ST SUITE 200 LAKELAND, FL 33801 US	Mailing Address P.O. BOX 90517 LAKELAND, FL 33804-0517 US	



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2468924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent WAKEMAN, WILLIAM H III 306 E MAIN ST SUITE 200 LAKELAND, FL 33801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U000000711171
04/25/07-80072-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC WAKEMAN, WILLIAM H III 1208 LAKE DEESON WOODS LN LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILLEVI, KIRKLAND 1427 GLENDALE STREET LAKELAND, FL 33803
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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: Wm H Wakeman III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07 863 688-4441
Date Daytime Phone #