


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2006 08:00 AM
Secretary of State

DOCUMENT # G09703 1. Entity Name SOUTHWEST FLORIDA INSURANCE ASSOCIATES, INC.		
Principal Place of Business 8841 COLLEGE PARKWAY #102 FT MYERS, FL 33919 US		Mailing Address PO BOX 60999 FT MYERS, FL 33906 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WHITLOCK, ROBERT H. 8841 COLLEGE PARKWAY #102 FT MYERS, FL 33919		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITLOCK, ROBERT H. 14241 BAY DR FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD WHITLOCK, LAURA BETH 14241 BAY DR FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Robert H. Whitlock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/16/06 239-489-1212</u> <small>Date Daytime Phone #</small>



05162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2235946	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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05/20/06-80113-007 550.00

**DO NOT WRITE
IN THIS SPACE**