

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31891

FILED
Jan 31, 2011
Secretary of State

Entity Name: INSURANCE OFFICE OF AMERICA, INC.

Current Principal Place of Business:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162207
ALTAMONTE SPRINGS, FL 327162207 US

New Mailing Address:

1855 W. STATE ROAD 434
LONGWOOD, FL 32750 US

FEI Number: 59-2472656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, THOMAS P.
111 N. ORANGE AVE, SUITE 1200
ORLANDO, FL 32801 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: D
Name: RITENOUR, JOHN K
Address: 2165 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: TREA
Name: SCOVANNER, WESLEY D CFO
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: COO
Name: BERTHELSEN, BRUCE
Address: 2839 PACES FERRY RD SUITE 1200
City-St-Zip: ATLANTA, GA 30339

Title: SECY
Name: SCOVANNER, WESLEY D CFO
Address: 1855 W SR 434
City-St-Zip: LONGWOOD, FL 32750

Title: CEO
Name: RITENOUR, HEATH
Address: 1855 WEST SR 434
City-St-Zip: LONGWOOD, FL 32750

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: WESLEY D SCOVANNER

TREA

01/31/2011

Electronic Signature of Signing Officer or Director

Date