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Feb 14, 2007 8:00 am
Secretary of State

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01102007 Chg-P CR2E034 (12/06)

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000043495

1. Entity Name
INSURANCE HOUSE OF FLORIDA, INC.
DBA: American Insurance Agency

Principal Place of Business	Mailing Address
1718 E. CAPE CORAL PARKWAY CAPE CORAL, FL 33904	P O BOX 100786 CAPE CORAL, FL 33910

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1322 Lafayette St, ~~Suite~~	P.O Box 100786
Suite, Apt. #, etc. Suite C	Suite, Apt. #, etc.
City & State Cape Coral, Fl	City & State Cape Coral, Fl
Zip 33904 Country Lee	Zip 33910 Country Lee

4. FEI Number 65-1101196 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAYLOR, KENNETH M 1718 EAST CAPE CORAL PKWY CAPE CORAL, FL 33904	Name Kenneth M Kaylor Street Address (P.O. Box Number is Not Acceptable) ~~PO Box 100786~~ 5924 Briarcliff Rd City Fort Myers FL Zip 33912

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 [signature] Sherri Ann Sammons 1-10-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAYLOR, KENNETH M 1718 EAST CAPE CORAL PARKWAY CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5924 Briarcliff Rd ☒ Change ☐ Addition Fort Myers, Fl 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAMMONS, SHERRI A 6213 DEER RUN FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Sherri Ann Sammons 1/10/07 2395422108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #