

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043495

FILED
Mar 06, 2009
Secretary of State

Entity Name: INSURANCE HOUSE OF FLORIDA, INC.

Current Principal Place of Business:

1322 LAFEYETTE ST.
STE C
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

P O BOX 100786
CAPE CORAL, FL 33910

New Mailing Address:

FEI Number: 65-1101196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYLOR, KENNETH M
5924 BRIARCLIFF RD.
FORT MYERS, FL 33912 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: KAYLOR, KENNETH M
Address: 5924 BRIARCLIFF RD
City-St-Zip: FORT MYERS, FL 33912

Title: ST () Delete
Name: SAMMONS, SHERRI A
Address: 6213 DEER RUN
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHERRI SAMMONS

ST

03/06/2009

Electronic Signature of Signing Officer or Director

Date