


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90019 018 \*\*\*158.75

<b>DOCUMENT # P01000117627</b>	
1. Entity Name INSURE FLORIDA, INC.	

Principal Place of Business 4707 E BUSCH BLVD STE 106 TAMPA, FL 33617	Mailing Address 4707 E BUSCH BLVD STE 106 TAMPA, FL 33617
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40008041



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9874 W. LINEBAUGH AVE Suite, Apt. #, etc.
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01192005 Chg-P CR2E034 (10/03)

City & State TAMPA, FL	City & State TAMPA, FL
Zip 33626	Country HILLS BOROUGH

4. FEI Number 01-0549085	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNLEY, GEORGE W 4707 E BUSCH BLVD SUITE 106 TAMPA, FL 33617	
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7. Name and Address of New Registered Agent Name GREEN, MICHAEL D. Street Address (P.O. Box Number is Not Acceptable) 15511 N. FLORIDA AVE. STE. D City TAMPA FL Zip Code 33613	
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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  MICHAEL D. GREEN, ASST. TREAS. 1/20/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNLEY, GEORGE W 4707 E BUSCH BLVD SUITE 106 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CONNLEY, GEORGE W. 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPSON, DOUG 4707 E BUSCH BLVD SUITE 106 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO/ASST. S SIMPSON, DOUGLAS 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIS BARNETT, POLLY R 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILTON, MRYL 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. T GREEN, MICHAEL D. 9874 W. LINEBAUGH AVE. TAMPA, FL 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DOUGLAS SIMPSON, JR. 1/14/05 88-760-5555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #