

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117627

Entity Name: INSURE FLORIDA, INC.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

4707 E BUSCH BLVD
STE 106
TAMPA, FL 33617

New Principal Place of Business:

POST OFFICE BOX 271464
TAMPA, FL 33688 US

Current Mailing Address:

9874 WEST LINEBAUGH AVENUE
TAMPA, FL 33626

New Mailing Address:

POST OFFICE BOX 271464
TAMPA, FL 33688 US

FEI Number: 01-0549085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MICHAEL D
15511 NORTH FLOIDA AVENUE
SUITE D
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

CONNLEY, GEORGE W
16216 SIERRA DE AVILA
TAMPA, FL 33613 US

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: GEORGE W. CONNLEY

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CONNLEY, GEORGE W
Address: 9874 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

Title: PCAS (X) Delete
Name: SIMPSON, DOUG
Address: 9874 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

Title: VS (X) Delete
Name: BARNETT, POLLY R
Address: 9874 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

Title: T (X) Delete
Name: MILTON, MRYL
Address: 9874 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

Title: AT (X) Delete
Name: GREEN, MICHAEL D
Address: 9874 WEST LINEBAUGH AVENUE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: CONNLEY, GEORGE W
Address: POST OFFICE BOX 271464
City-St-Zip: TAMPA, FL 33688 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: GEORGE W. CONNLEY

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date