

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049919

FILED
Mar 21, 2005
Secretary of State

Entity Name: FLORIDA AFFORDABLE INSURANCE INC

Current Principal Place of Business:

442 N WABASH AVENUE
LAKELAND, FL 33815

New Principal Place of Business:

438 N WABASH AVENUE
LAKELAND, FL 33815

Current Mailing Address:

442 N WABASH AVENUE
LAKELAND, FL 33815

New Mailing Address:

438 N WABASH AVENUE
LAKELAND, FL 33815

FEI Number: 20-1227569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENNIS, MELODY M
442 N WABASH AVE
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

DONALDSON, MELODY M
438 N WABASH AVE
LAKELAND, FL 33815 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: MELODY DONALDSON

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: DENNIS, MELODY M
Address: 442 N WABASH AVENUE
City-St-Zip: LAKELAND, FL 3381

Title: VP () Delete
Name: DONALDSON, PHILIP S
Address: 5337 N SOCRUM LOOP RD STE 216
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: DONALDSON, MELODY M
Address: 438 N WABASH AVENUE
City-St-Zip: LAKELAND, FL 33815

Title: VP (X) Change () Addition
Name: DONALDSON, PHILIP S
Address: 438 N WABASH AVE
City-St-Zip: LAKELAND, FL 33815

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHIL DONALDSON

VP

03/21/2005

Electronic Signature of Signing Officer or Director

Date