

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011364

Entity Name: GHG INSURANCE, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160398
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 61-1441679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, RIZOR
871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SIHLE, MICHAEL D
871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 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: MICHAEL D SIHLE

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIZOR, RUSSELL
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: SIHLE, GERALD
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD () Delete
Name: NULPH, RONALD
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD (X) Delete
Name: ALDINGER, BARBARA
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SIHLE, MICHAEL D
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: STD (X) Change () Addition
Name: ALDINGER, BARBARA
Address: 871 DOUGLAS AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: MICHAEL D SIHLE

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date