2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# P03000031714

Entity Name: THE HOITSMA INSURANCE GROUP, INC.

Current Principal Place of Business:

2013 S. PENINSULA DR.
DAYTONA BCH, FL 32118

New Principal Place of Business:

2013 S. PENINSULA DR.
DAYTONA BCH, FL 32118 US

Current Mailing Address:

2013 S. PENINSULA DR.
DAYTONA BCH, FL 32118

New Mailing Address:

2013 S. PENINSULA DR.
DAYTONA BCH, FL 32118 US

FEI Number: 58-2675535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D III
4 OLD KINGS RD. NORTH, SUITE B
PALM COAST, FL 32137 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: PVPS ( ) Delete
Name: HOITSMA, ROBERT T SR.
Address: 2013 S. PENINSULA DR.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: HOITSMA, JEAN D
Address: 2013 S. PENINSULA DR.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D ( ) Delete
Name: HOITSMA, KAREN L
Address: 55 RIVER BEACH
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: CHIUMENTO, SARA C
Address: 825 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: HARSHAW, SHARON H
Address: 2 HICKORY LANE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JEAN D. HOITSMA DIR 04/24/2009

Electronic Signature of Signing Officer or Director — Date