## 2006 FOR PROFIT CORPORATION

## Apr 20, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000020530 04-20-2006 90218 016 \*\*\*150.00 1. Entity Name INVESTORS PROPERTY INSURANCE, INC. Principal Place of Business Mailing Address 2755 BORDER LAKE ROAD 2755 BORDER LAKE ROAD 50014335 **SUITE 101** SUITE 101 APOPKA, FL 32703 APOPKA, FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-0682442 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANAGA, MERIDYTHE 2755 BORDER LAKE ROAD Street Address (P.O. Box Number is Not Acceptable) **STE 101** APOPKA, FL 32703 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KANAGA, RYAN Z 2755 BORDERLAKE RD APOPKA, FL 32703 NAME KANAGA, RYAN Z NAME STREET ADDRESS PO BOX 160580 STREET ADDRESS ALTAMONTE SPRINGS, FL 32716 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BETHANY, GREG NAME 4884 CHEROKEE ROSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete S/T TITI F ☐ Change Addition NAME Kanaga, Rick NAME STREET ADDRESS 2755 Border Lake Rd., STREET ADDRESS CITY-ST-ZIP Apopka, FL 32703-4885 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

RYAN KANAGA 4/12/06 SIGNATURE: ING OFFICER OR DIRECTO