

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000046593

**FILED**  
**Sep 13, 2006**  
**Secretary of State**

**Entity Name:** SOS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

13805 OLD DIXIE HWY  
HUDSON, FL 34667

**New Principal Place of Business:**

244 E PARK AVENUE  
LAKE WALES, FL 33853 US

**Current Mailing Address:**

13805 OLD DIXIE HWY  
HUDSON, FL 34667

**New Mailing Address:**

244 E PARK AVENUE  
LAKE WALES, FL 33853 US

**FEI Number:** 20-0865316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOUDEK, SHARRON  
13805 OLD DIXIE HWY  
HUDSON, FL 34667 US

**Name and Address of New Registered Agent:**

HAFF, TULA M ESQUIRE  
3399 CYPRESS GARDENS ROAD  
SUITE C  
WINTER HAVEN, FL 33884 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: TULA MICHELE HAFF, ESQUIRE

09/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOUDEK, SHARRON  
Address: 21940 DUPREE DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

Title: VS ( ) Delete  
Name: CROCUS, SUZANNE  
Address: 5530 TERRAIN DE GOLF DRIVE  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RUMFELT, THOMAS B  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853 US

Title: ST (X) Change ( ) Addition  
Name: BRADLEY, HELENE  
Address: 244 E PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853 US

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: THOMAS B RUMFELT

P

09/13/2006

Electronic Signature of Signing Officer or Director

Date