


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90839 011 \*\*\*150.00

<b>DOCUMENT # P05000158196</b> 1. Entity Name <b>HOMEWISE INSURANCE COMPANY</b>			
Principal Place of Business <b>7785 66TH STREET NORTH PINELLAS PARK, FL 33781</b>		Mailing Address <b>P.O. BOX 2850 PINELLAS PARK, FL 33780</b>	
2. Principal Place of Business - No P.O. Box # <b>18302 Highwoods PRESERVE PKY, STE 110</b>		3. Mailing Address <b>18302 Highwoods PRESERVE PKY, STE 110</b>	
Suite, Apt. #, etc. <b>TAMPA, FL</b>		Suite, Apt. #, etc. <b>TAMPA, FL</b>	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33647</b>		Zip <b>33647</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32399</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ROSE, WILLIAM E 300 CRESCENT COURT, SUITE 700 DALLAS, TX 75201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>AKHTAR, JAMIEL 300 CRESCENT COURT, SUITE 700 DALLAS, TX 75201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HART, TODD 300 CRESCENT COURT, SUITE 700 DALLAS, TX 75201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HALEY, DAVID 300 CRESCENT COURT, SUITE 700 DALLAS, TX 75201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>HAMMOND, DALE 7785 66TH STREET NORTH PINELLAS PARK, FL 33781</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D/P 18302 Highwoods PRESERVE PKY, STE 110 TAMPA, FL 33647</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHMENT</b>
12. I hereby certify that the information supplied with this filing 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.			
<b>SIGNATURE:</b> <u>Dennis Plante, TREAS</u> <b>4/26/07</b> <b>813-202-8612</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

# ATTACHMENT

40093116

2007 FOR PROFIT CORPORATION  
HOMEWISE INSURANCE COMPANY  
DOCUMENT #P05000158196

## BLOCK 11 ATTACHMENT

### ADDITIONS:

TITLE	V
NAME	Sparkes, William I.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647
TITLE	T
NAME	Plante, Dennis F.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647
TITLE	S
NAME	Falcone, Diane E.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647