

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158196

FILED
Feb 24, 2011
Secretary of State

Entity Name: HOMEWISE INSURANCE COMPANY

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PKY
STE 110
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18302 HIGHWOODS PRESERVE PKY
STE 110
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-3395013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: D
Name: FALCONE, DIANE E
Address: 18302 HIGHWOODS PRESERVE PKWY, #110
City-St-Zip: TAMPA, FL 33647

Title: D
Name: PADDOCK, TIMOTHY A
Address: 18302 HIGHWOODS PRESERVE PKWY, #110
City-St-Zip: TAMPA, FL 33647

Title: D
Name: BACKMAN, STEPHEN C
Address: 18302 HIGHWOODS PRESERVE PKWY, #110
City-St-Zip: TAMPA, FL 33647

Title: D
Name: BRINK, DOROTHY A
Address: 18302 HIGHWOODS PRESERVE PKWY, #110
City-St-Zip: TAMPA, FL 33647

Title: DP
Name: HAMMOND, DALE S
Address: 18302 HIGHWOODS PRESERVE PKWY, #110
City-St-Zip: TAMPA, FL 33647

Title: T
Name: JOURNY, TIMOTHY L
Address: 18302 HIGHWOODS PRESERVE PKY, STE. 10
City-St-Zip: TAMPA, FL 33647

I hereby 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 all other like empowered.

SIGNATURE: DIANE FALCONE

GC

02/24/2011

Electronic Signature of Signing Officer or Director

Date

From: Homewise Claims

813-425-0955

02/25/2011 01:43

#245 P.001/001



PMB 306
19046 Bruce B. Downs Blvd.
Tampa, Florida 33647-2434
Tel: 813-202-8600
Fax: 813-202-8586
www.homewiseinsurance.com

FAX COVER SHEET

To: FL Dept of State, Division of Corporations

Date: 2/24/11

FAX Number: 850-245-6017

From: Alina Perkins

Phone: 813-202-8615

RE: Stephen Michael Sandford

2/24/11

Total Number of Pages Including Cover: 1

Notes/Message:

Please add

Mr. Stephen M Sandford
18302 Highwoods Preserve Pkwy, #110
Tampa, FL 33647

as an Officer to the following company

HomeWise Insurance Company
Document # P05000158196
Confirmation #600195897996