2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074985



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

1. Entity Nam HOMEWI	e SE PREFERRED INSURAN	CE COMPANY			04-30-2007	7 90839 012 ***	150.00
Principal Plac	e of Business	Mailing Address	1				
•		-	7785 66TH STREET		-		
	RK, FL 33781	PINELLAS PARK, FL 3378	31				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
	hwoods PRESERVE /Ky	18302 Highwoods	PRÉSERVE	Ru III	181 IN BEITH BAN BANK HANN BAN	UD UD 	
Suite, Apt.		Suite, Apt. #, etc.		042220	07 Chg-P	CR2E034 (12/06	3)
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City & State	· · · · · · · · · · · · · · · · · · ·	City & State	,	4. FEI No.	mber _ 479/5/5	~ +	Applied For Not Applicable
Zip	Country	Zip / Zip	Country		- +/1/5/5	- to 75 A	
- 331	047 USA	33647	USA	5. Certifi	cate of Status Desired	Fee Requi	
,- ,- ,- ,	6. Name and Address of Current R	tegistered Agent		7. Name	and Address of New R	egistered Agent	
0 ED.		5, 55,54	Name				
CHIEF FINANCIAL OFFICER, STATE OF FLORIDA				dress (P.O. Box No	mber is Not Acceptable))	
THE CAPITOL TALLAHASSEE, FL 32399				,	<u> </u>	<u> </u>	
	,		ŀ				
			City			FL Zip Ci	ode
8. The above	named entity submits this statement for	the purpose of changing its reg	ristered office or	registered agent in	r both, in the State of Flo		h and accept
	ions of registered agent.		,	roginion negativity			
SIGNATURE_				· · ·			
	Signature, typed or printed name of registered agent ar	nd title ∉ applicable. (NOTE: Re	egistered Agent signatu	re required when reinstatin	ş)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	Selection Campaign Trust Fund Contribution		\$5.00 May B Added to Fees	3		
	ay 1, 2007 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contribu		Added to Fees	NS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11
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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 attackment with an address, with all other like empowered.

813-202-812 SIGNATURE: 🚣

ATTACHMENT

40093115

2007 FOR PROFIT CORPORATION HOMEWISE PREFERRED INSURANCE COMPANY DOCUMENT #P06000074985

BLOCK 11 ATTACHMENT

ADDITIONS:

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