

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109227

FILED
Apr 25, 2007
Secretary of State

Entity Name: FLORIDA CHOICEPOINT INSURANCE, INC.

Current Principal Place of Business:

4304 IRIS ST NORTH
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

4304 IRIS ST NORTH
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 20-5412830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, WILLIAM P
715 SWANN AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

KATHLEEN, WALKER
715 SWANN AVE
TAMPA, FL 33606 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: KATHLEEN WALKER

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, KATHLEEN
Address: 4304 IRIS ST NORTH
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KATHLEEN WALKER

D

04/25/2007

Electronic Signature of Signing Officer or Director

Date