2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# P09000027840

Entity Name: INSURANCE SERVICES OF OCALA, INC.

Current Principal Place of Business:

3001 S.E. 27TH AVE
OCALA, FL 34471

New Principal Place of Business:

4615 S.E. 48 TH PL RD
OCALA, FL 34480

Current Mailing Address:

3001 S.E. 27TH AVE
OCALA, FL 34471

New Mailing Address:

4615 S.E. 48 TH PL RD
OCALA, FL 34480

FEI Number: 26-4547092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOWNSEND, KEVIN
3001 S.E. 27TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

TOWNSEND, KEVIN
4615 S.E. 48 TH PL RD
OCALA, FL 34480 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: _____ 04/19/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: TOWNSEND, KEVIN
Address: 4615 S.E. 48 TH PL RD
City-St-Zip: OCALA, FL 34480

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: KEVIN M. TOWNSEND PRES 04/19/2011
Electronic Signature of Signing Officer or Director — Date