2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 13, 2010
Secretary of State

DOCUMENT# P09000080185

Entity Name: MY FLORIDA INSURANCE GROUP INC

Current Principal Place of Business:

2630 NE 14TH AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2630 NE 14TH AVE
OCALA, FL 34470

New Mailing Address:

FEI Number: 27-0998924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT, LYNN
2630 NE 14TH AVE
OCALA, FL 34470 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: P
Name: PADGETT, LYNN
Address: 2630 NE 14T AVE
City-St-Zip: OCALA, FL 34470

Title: VP
Name: PADGETT, THOMAS L SR
Address: 2630 NE 14TH AVE
City-St-Zip: OCALA, FL 34470

Title: T
Name: BROOKS, ERICA L
Address: 140 SAND JOSE BLVD
City-St-Zip: HAWTHORNE, FL 32640

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: LYNN PADGETT P 09/13/2010

Electronic Signature of Signing Officer or Director Date