

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051280

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** AFFORDABLE INSURANCE OF THE GLADES, INC.

**Current Principal Place of Business:**

145 N. MAIN ST  
102  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

145 N. MAIN ST.  
102  
BELLE GLADE, FL 33430

**New Mailing Address:**

145 N. MAIN ST  
102  
BELLE GLADE, FL 33430

**FEI Number:** 65-0427511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOOKER, JEFFREY A  
1633 W. LAKE RD.  
BELLE GLADE, FL 33430 US

**Name and Address of New Registered Agent:**

HAYES, OLGA M  
6911 SE 88TH. BLVD.  
OKEECHOBEE, FL 34974 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: OLGA M. HAYES

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAYES, OLGA M  
Address: 6911 SE 88TH. BLVD.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: V  
Name: HOOKER, JEFFREY A  
Address: 1633 CANAL STREETNORTH  
City-St-Zip: BELLE GLADE, FL 33430

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: OLGA M. HAYES

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date