# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2007**
**Secretary of State**

DOCUMENT# P95000077848

**Entity Name:** AFFORDABLE INSURANCE OF MARTIN COUNTY, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 2040
15285 S.W. ADAMS AVENUE
INDIANTOWN, FL 34956

**New Principal Place of Business:**

15285 S.W. ADAMS AVENUE
INDIANTOWN, FL 34956

**Current Mailing Address:**

POST OFFICE BOX 2040
15285 S.W. ADAMS AVENUE
INDIANTOWN, FL 34956

**New Mailing Address:**

POST OFFICE BOX 2040
INDIANTOWN, FL 34956

**FEI Number: 65-0610572** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DAVIES, KENNETH H
15285 S.W. ADAMS AVENUE
INDIANTOWN, FL 34956 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: DAVIES, KENNETH H
Address: P.O. BOX 517- 15940 SW FAMEL AVE.
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete
Name: HAYES, OLGA M
Address: 224 N.W. AVENUE 1
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: HOOKER, JEFFREY A
Address: 1633 W. LAKE ROAD
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: DAVIES, KENNETH H
Address: P.O. BOX 1246- 15940 SW FAMEL AVE.
City-St-Zip: INDIANTOWN, FL 34956

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH H. DAVIES PRES 04/20/2007

Electronic Signature of Signing Officer or Director — Date