2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# P95000095356

Entity Name: ESTESS INSURANCE, INC.

Current Principal Place of Business:

1926 1/2 TYLER STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2428
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 65-0647699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HURLEY, MELISSA
449 SUNSET DRIVE
HALLANDALE, FL 33009 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: HURLEY, MELISSA E
Address: 449 SUNSET DRIVE
City-St-Zip: HALLANDALE, FL 33009 US

Title: D ( ) Delete
Name: ESTESS, GEORGE
Address: 400 E. GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: MCARTHY, SUEANN
Address: 1345 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL

Title: D ( ) Delete
Name: ESTESS, HUGH
Address: 1926 1/2 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MCARTHY, SUEANN
Address: 1208 S NORTH LAKE DRIVE
City-St-Zip: HOLLYWOOD, FL 33019

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: MELISSA E. HURLEY PRES 02/11/2009

Electronic Signature of Signing Officer or Director — Date