


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90066 007 \*\*\*150.00

<b>DOCUMENT # P96000031741</b>	
1. Entity Name <b>CENTRAL FLORIDA INSURANCE SYSTEMS, INC.</b>	

Principal Place of Business <b>202 NE 8TH AVENUE OCALA, FL 34470</b>	Mailing Address <b>202 NE 8TH AVENUE OCALA, FL 34470</b>
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40041370



2. Principal Place of Business - No P.O. Box # <b>1107 E Silver Springs Blvd</b>	3. Mailing Address <b>1107 E Silver Springs Blvd</b>
Suite, Apt. #, etc. <b>#5</b>	Suite, Apt. #, etc. <b>#5</b>
City & State <b>Ocala FL</b>	City & State <b>Ocala FL</b>
Zip <b>34470</b>	Country

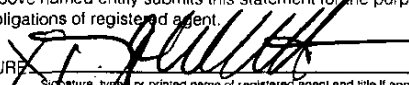
03052008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3377323</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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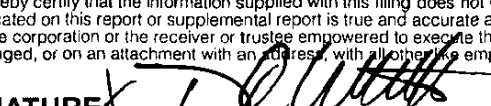
6. Name and Address of Current Registered Agent  <b>WHITT, TROY C 202 NE 8TH AVENUE OCALA, FL 34470</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>1107 E Silver Springs Blvd #5</b>  City <b>Ocala</b> FL Zip Code <b>34470</b>
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Change of Address Only

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE <b>3-06-08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITT, TROY C 202 NE 8TH AVENUE OCALA, FL 34470</b> <input type="checkbox"/> Delete Change of Address Only	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1107 E Silver Springs Blvd #5 Ocala, FL 34470</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITT, VIRGINIA M 202 NE 8TH AVENUE OCALA, FL 34470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE 	DATE <b>3-6-08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	