2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P96000035878

Entity Name: KEN SCHUMAN INSURANCE OF CAPE CORAL INC.

Current Principal Place of Business:

4533A DEL PRADO BLVD.
CAPE CORAL, FL

New Principal Place of Business:

4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904

Current Mailing Address:

4533A DEL PRADO BLVD.
CAPE CORAL, FL

New Mailing Address:

4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904

FEI Number: 65-0662299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUMAN, KENNETH L SR.
4533A DEL PRADO BLVD.
CAPE CORAL, FL US

Name and Address of New Registered Agent:

SCHUMAN, KENNETH L SR.
4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904 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: 01/08/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCHUMAN, KENNETH L SR.
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete
Name: SCHUMAN, MARILYN A
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete
Name: SCHUMAN, DONNA T
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL

Title: D ( ) Delete
Name: SCHUMAN, KIMBERLY A
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCHUMAN, KENNETH L SR.
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL 33909

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

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 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 L SCHUMAN SR D 01/08/2009
Electronic Signature of Signing Officer or Director — Date