2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2011
Secretary of State

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Entity Name: KEN SCHUMAN INSURANCE OF CAPE CORAL INC.

Current Principal Place of Business:

4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4533A DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

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 33904 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: SCHUMAN, KENNETH L SR.
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL 33909

Title: VP
Name: SCHUMAN, MARILYN A
Address: 12320 COUNTRY EAGLE LANE
City-St-Zip: CAPE CORAL, FL

Title: D
Name: GERMAIN, DONNA T
Address: 2727 S.W. 48TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: SCHUMAN, KIMBERLY A
Address: 227 N.W. 9TH STREET
City-St-Zip: CAPE CORAL, FL 33993

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: KENNETH L SCHUMAN, SR. PRES 02/12/2011

Electronic Signature of Signing Officer or Director — Date