

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 02, 2005
Secretary of State**

DOCUMENT# P96000066222

Entity Name: HOME BUILDERS INSURANCE SERVICES, INC.

Current Principal Place of Business:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

5011 GATE PARKWAY
STE 150
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3427506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFEY, FRED H
6620 SOUTHPOINT DR., SOUTH, #300
JACKSONVILLE, FL 322160913 US

Name and Address of New Registered Agent:

HOWARD, ALAN G
50 N. LAURA STREET, SUITE 2900
JACKSONVILLE, FL 32202 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: ALAN G. HOWARD 12/02/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PETWAY, THOMAS F III
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FERGUSON, LEE
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: PETWAY, ELIZABETH
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FALLOON, NANCY
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: CASTRANOVA, ROBERT
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: EMANS, CHRISTOPHER F
Address: 5011 GATE PARKWAY STE 150
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER F. EMANS D 12/02/2005
Electronic Signature of Signing Officer or Director Date