

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082951

**FILED
Jun 28, 2005
Secretary of State**

Entity Name: AFFORDABLE INSURANCE GROUP OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

1813-D CREIGHTON RD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

1813-D CREIGHTON RD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3408219 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DYESS, VIRGINIA L
4321 LA MIRAGE DRIVE
PENSACOLA, FL 32504 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DYESS, DAVID L
Address: 4321 LAMIRAGE DRIVE
City-St-Zip: PENSACOLA, FL

Title: DTS () Delete
Name: DYESS, VIRGINIA L
Address: 4321 LAMIRAGE DR
City-St-Zip: PENSACOLA, FL

Title: DVP () Delete
Name: WYNNE, ROBERT M JR
Address: 7845 LEGRANDE DR
City-St-Zip: PENSACOLA, FL 32574

Title: DVP () Delete
Name: WYNNE, KRISTEN D
Address: 7845 LEGRANDE DR
City-St-Zip: PENSACOLA, FL 32514

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
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: VIRGINIA L. DYESS

DTS

06/28/2005

Electronic Signature of Signing Officer or Director

_____ Date