## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000096033

Entity Name: FLORIDA HOME BUILDERS INSURANCE, INC.

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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1725 HERMITAGE BLVD. 2600 CENTENNIAL PLACE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

PO BOX 15459

TALLAHASSEE, FL 32317

FEI Number: 59-3478874 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, TOM L

1725 HERMITAGE BLVD.

125 S GADSDEN ST
TALLAHASSEE EL 22201

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32301 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: JOHN W FOREHAND 02/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete Title: CHMN (X) Change ( ) Addition Name: LITTLEFIELD, CAROLYN B Name: HARPER, ROBERT

Address: 1725 HERMITAGE BLVD Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO () Delete Title: CEO (X) Change () Addition

 Name:
 TYLKA, LEN
 Name:
 LITTLEFIELD, CAROLYN B

 Address:
 1725 HERMITAGE BLVD
 Address:
 2600 CENTENNIAL PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: CUD ( ) Delete Title: CFO (X) Change ( ) Addition

 Name:
 WILLIAMS, TOM L
 Name:
 ROBBINS, GEORGE R

 Address:
 243 OFFICE PLAZA DR
 Address:
 2600 CENTENNIAL PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: D ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 WISERMAN, JOHN
 Name:
 FOWKE, CHARLES

 Address:
 1725 HERMITAGE BLVD
 Address:
 2600 CENTENNIAL PLACE

 City-St-Zip:
 TALLAHASSEE, FL 32306
 City-St-Zip:
 TALLAHASSEE, FL 32308

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 RAHN, MICHAEL
 Name:

 Address:
 243 OFFICE PLAZA DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 THORNBERRY, TOM
 Name:

 Address:
 243 OFFICE PLAZA DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE R ROBBINS CFO 02/21/2007