

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000096033

FILED
Nov 09, 2007
Secretary of State

Entity Name: FLORIDA HOME BUILDERS INSURANCE, INC.

Current Principal Place of Business:

2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 15459
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3478874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAND, JOHN W
125 S GADSDEN ST
TALLAHASSEE, FL 32301 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: CHMN () Delete
Name: HARPER, ROBERT
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO () Delete
Name: LITTLEFIELD, CAROLYN B
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: CFO () Delete
Name: ROBBINS, GEORGE R
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: SEC () Delete
Name: FOWKE, CHARLES
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

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: SEC (X) Change () Addition
Name: ZICHELLA, AL
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA () Change (X) Addition
Name: FOWKE, CHUCK
Address: 2600 CENTENNIAL PLACE
City-St-Zip: TALLAHASSEE, FL 32308

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: GEORGE ROBBINS

CFO

11/09/2007

Electronic Signature of Signing Officer or Director

Date