

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063663

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: THE ORCHID INSURANCE AGENCY, INC.

## Current Principal Place of Business:

2801 OCEAN DRIVE  
SUITE 304  
VERO BEACH, FL 32963 US

## New Principal Place of Business:

## Current Mailing Address:

2801 OCEAN DRIVE  
SUITE 304  
VERO BEACH, FL 32963 US

## New Mailing Address:

FEI Number: 65-0818753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HENDRIX, KENNON  
2801 OCEAN DRIVE  
SUITE 304  
VERO BEACH, FL 32963 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VS ( ) Delete  
Name: HENDRIX, C. KENNON  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

Title: PT ( ) Delete  
Name: STRUVE, JOHN M  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: HENDRIX, C. KENNON  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

Title: PD (X) Change ( ) Addition  
Name: STRUVE, JOHN M  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

Title: V ( ) Change (X) Addition  
Name: EMMONS, BRADFORD R  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Change (X) Addition  
Name: SCHWIERING, JAMES E  
Address: 2801 OCEAN DRIVE, SUITE 304  
City-St-Zip: VERO BEACH, FL 32963

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: JOHN M. STRUVE

PD

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date