2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2011
Secretary of State

DOCUMENT# P99000097635

Entity Name: FLORIDA INSURANCE SOLUTIONS, INC.

Current Principal Place of Business:

225 S. FLORIDA AVE
2
LAKELAND, FL 33801

New Principal Place of Business:

3220 ATLANTIC AVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 623
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-3618639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMIE, ROBERT A
1008 N.E. 2ND ST.
MULBERRY, FL 33860 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: D
Name: JAMIE, ROBERT A
Address: P.O. BOX 623
City-St-Zip: MULBERRY, FL 33860

Title: D
Name: HERRING, ELIZABETH A
Address: P.O. BOX 623
City-St-Zip: MULBERRY, FL 33860

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. JAMIE D 02/23/2011

Electronic Signature of Signing Officer or Director — Date