


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90056 027 \*\*\*150.00

**DOCUMENT # 830709**  
 1. Entity Name  
**ARISTAR INSURANCE COMPAMY**



|  |  |
|--|--|
| Principal Place of Business<br><b>HIDDEN RIVER CORP. PARK<br/>         8900 GRAND OAK CIRCLE<br/>         TAMPA, FL 33637 US</b> | Mailing Address<br><b>HIDDEN RIVER CORP. PARK<br/>         8900 GRAND OAK CIRCLE<br/>         TAMPA, FL 33637 US</b> |
|--|--|

**50032724**



03142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>04-2275299</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND BLVD.  
 8900 GRAND OAK CIRCLE  
 FORT LAUDERDALE, FL 33324**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>FVPS<br/>BURDITTY, JERRY T<br/>8900 GRAND OAK CIRCLE<br/>TAMPA, FL 33637</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVPD<br/>GODDARD, RICHARD<br/>8900 GRAND OAK CIR<br/>TAMPA, FL 33637</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>THURSTON, BEVERLY<br/>8900 GRAND OAK CIRCLE<br/>TAMPA, FL 33637</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SVD<br/>WHITING, GARY E<br/>8900 GRAND OAK CIR<br/>TAMPA, FL 33637</b>       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Gary E. Whiting, Director** Mar 23, 2005 410-332-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #