

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002892

FILED  
Jan 18, 2005  
Secretary of State

Entity Name: GARRISON PROPERTY AND CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

9800 FREDERICKSBURG RD  
SAN ANTONIO, TX 78288

**New Principal Place of Business:**

**Current Mailing Address:**

9800 FREDERICKSBURG RD  
SAN ANTONIO, TX 78288

**New Mailing Address:**

FEI Number: 43-1803614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BARRETT, BRUCE  
17200 COMMERCE PARK BLVD  
TAMPA, FL 33647 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: CEO ( ) Delete  
Name: DAVIS, ROBERT G  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

Title: VCP ( ) Delete  
Name: VICCELLIO, HENRY JR  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

Title: DEVP ( ) Delete  
Name: BENNETT, STEVEN A  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

Title: S ( ) Delete  
Name: BENNETT, STEVEN A  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

Title: DEVP ( ) Delete  
Name: ROBLES, JOSUE JR  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

Title: T ( ) Delete  
Name: ROBLES, JOSUE JR  
Address: 9800 FREDERICKSBURG RD  
City-St-Zip: SAN ANTONIO, TX 78288

**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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN A BENNETT

S

01/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date