


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H20522  
 1. Entity Name  
 PROFESSIONAL CASUALTY CORP.



Principal Place of Business      Mailing Address  
 1200 S. PINE ISLAND ROAD      1200 S. PINE ISLAND ROAD  
 STE. 400                                      STE. 400  
 PLANTATION, FL 33324      US      PLANTATION, FL 33324      US

**DO NOT WRITE IN THIS SPACE**



02072005      No Chg-P      CR2E034 (10/03)

4. FEI Number 59-2448515	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SHARE, LAWRENCE D  
 1200 SOUTH PINE ISLAND ROAD  
 SUITE 400  
 PLANTATION, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

1100000229487  
 02/14/05-80082-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD A BRENNEN, AMY SHARE 1200 S. PINE ISLAND ROAD, #400 PLANTATION, FL 33324
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Amy Share Brennen      Date: 2/10/05      Daytime Phone #: 954-473-5611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #