

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90224 024 ***150.00

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| DOCUMENT # P0000075422 1. Entity Name FLORIDA LAWYERS INSURANCE AGENCY, INC. |  |
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| Principal Place of Business 3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817 | Mailing Address 3504 LAKE LYNDA DRIVE SUITE 325A ORLANDO, FL 32817 |
|---|---|

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 59-3679331 | 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

THOMPSON, WILLIAM L JR
 2301 PARK AVE STE 404
 ORANGE PARK, FL 32073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAGG, LAWRENCE P.O. BOX 32373 TAMPA, FL 336013273 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SONDAK, ROBERT M 9400 S. DADELAND BLVD., STE 600 MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERRERO, RAY F JR. P.O. BOX 350648 FT. LAUDERDALE, FL 33335 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LOUCKS, WILLIAM E P.O. BOX 15200 DAYTONA BEACH, FL 32115 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIAMS, GARY P.O. BOX 391 TALLAHASSEE, FL 32302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DISQUE, PHILIP A 707 S.E. 3RD AVENUE, STE 400 FORT LAUDERDALE, FL 33316 |

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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)(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: *William L. Thompson* 2/10/2005 (407)382-1400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

A0063877
P00000075422

2005 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Insurance Agency, Inc.
Document # P00000075422

10. ADDITIONAL OFFICERS AND DIRECTORS

Title EVP
Name JONES, MARY F.
Address 2041 SEPLER DRIVE
FERN PARK, FL 32730-3110

Title D
Name LARRY, DENNIS K.
Address 125 W. ROMANA
ONE PENSACOLA PLAZA, STE. 800
PENSACOLA, FL 32501