

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073114

FILED
Jan 06, 2006
Secretary of State

Entity Name: COMMONWEALTH INSURANCE OF PASCO COUNTY INC.

Current Principal Place of Business:

2435 US HIGHWAY 19
SUITE 120
HOLIDAY, FL 34691

New Principal Place of Business:

2435 US HIGHWAY 19
SUITE 130
HOLIDAY, FL 34691

Current Mailing Address:

2435 US HIGHWAY 19
SUITE 120
HOLIDAY, FL 34691

New Mailing Address:

2435 US HIGHWAY 19
SUITE 130
HOLIDAY, FL 34691

FEI Number: 11-3643005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASI, RYAN J
12567 81ST TERRACE N
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

MASI, RYAN J
8213 131ST WAY N
SEMINOLE, FL 33776 US

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: RYAN J. MASI

01/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MASI, GALE B
Address: 13837 76TH TERRACE N
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: GALE B. MASI

VP

01/06/2006

Electronic Signature of Signing Officer or Director

Date