2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# P02000073114

Entity Name: COMMONWEALTH INSURANCE OF PASCO COUNTY INC.

Current Principal Place of Business:

2435 US HIGHWAY 19
SUITE 130
HOLIDAY, FL 34691

New Principal Place of Business:

2150 SEVEN SPRINGS BLVD
SUITE C
TRINITY, FL 34655 US

Current Mailing Address:

2435 US HIGHWAY 19
SUITE 130
HOLIDAY, FL 34691

New Mailing Address:

2150 SEVEN SPRINGS BLVD
SUITE C
TRINITY, FL 34655

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
8213 131ST WAY N
SEMINOLE, FL 33776 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: 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 04/02/2007
Electronic Signature of Signing Officer or Director Date