

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000130259

1. Entity Name

VERITAS INSURANCE GROUP, INC.



Principal Place of Business

742 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33701

Mailing Address

742 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33701



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3727863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLADSTONE, LISA R
742 2ND AVENUE SOUTH
ST. PETERSBURG, FL 33701

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000842512
08/11/08-80034-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLADSTONE, LISA R
STREET ADDRESS	742 2ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	S
NAME	MCKENNA, KATHRYN
STREET ADDRESS	742 2ND AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D
NAME	LIEGL, PETER
STREET ADDRESS	742 2ND AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn McKenna

Date

Daytime Phone

2/26/08 866-808-3344