2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008932

Title:

Name:

Address:

City-St-Zip:

FILED Mar 25, 2008 Secretary of State

Entity Name: TOWER HILL PREFERRED INSURANCE COMPANY						
Current Principal Place of Business:			New Principal Place of Business:			
	11TH PLACE LLE, FL 32605					
Current Mailing Address:			New Mailing Address:			
	11TH PLACE LLE, FL 32605					
FEI Number:	56-1543230	FEI Number Applied For ()	FEI Number Not Appl	cable () Certificate of St	atus Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
P.O. BOX 6 200 E. GAI	IANCIAL OFFIC 6200 (32314-62 NES ST. 6SEE, FL 3239	200				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing it	s registered office or register	red agent, or both,	
SIGNATUR	RE:					
	Electroni	ic Signature of Registered Age	ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DCEO () SHIVELY, WILL 608 SW 97TH T GAINESVILLE, F	ERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addii	ion	
Title: Name: Address: City-St-Zip:	DPCO (X) THOMASSON, F 3857 SW 93RD GAINESVILLE, F	TERRACE	Title: Name: Address: City-St-Zip:	()Change ()Addii	ion	
Title: Name: Address: City-St-Zip:	DVPS () MATZ, DONALD 10357 SW 45TH GAINESVILLE, F	LANE	Title: Name: Address: City-St-Zip:	DPCO (X) Change () Addi MATZ, DONALD C JR 10357 SW 45TH LANE GAINESVILLE, FL 32608	tion	
Title: Name: Address: City-St-Zip:	D () CURRAN, JOEL 4007 S.W. 93RI GAINESVILLE, F	D. DR.	Title: Name: Address: City-St-Zip:	DS (X) Change () Addi CURRAN, JOEL P 4007 S.W. 93RD. DR. GAINESVILLE, FL 32608	tion	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM J. SHIVELY CEO 03/25/2008

() Delete

BENSON, KEYTON

5814 S.W. 89TH TERR.

GAINESVILLE, FL 32608

(X) Change () Addition

BENSON, KEYTON

5814 S.W. 89TH TERR.

GAINESVILLE, FL 32608