

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000025656

FILED
Apr 27, 2006
Secretary of State

Entity Name: ACCEPTANCE INSURANCE & COMPANY, INC.

Current Principal Place of Business:

1650 SAN PABLO RD SOUTH #12
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

1650 SAN PABLO RD SOUTH #12
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 04-3782327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, RAQUELL
3306 ROYAL PALM DR
JACKSONVILLE, FL 32250 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: D () Delete
Name: PIERCE, RAQUELL
Address: PO BOX 57817
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PIERCE, RAQUELL
Address: 3306 ROYAL PALM DR
City-St-Zip: JACKSONVILLE, FL 32250

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: RAQUELL PIERCE

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date