



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 29, 2006 8:00 am
Secretary of State

03-16-2006 90223 013 ***150.00

DOCUMENT # P05000028407			
1. Entity Name AMERICAN SAFETY COUNCIL - INSURANCE DIVISION, INC.			
Principal Place of Business 5125 ADANSON ST 500 ORLANDO, FL 32804 US		Mailing Address 5125 ADANSON ST 500 ORLANDO, FL 32804 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PAGE, THOMAS P 5125 ADANSON ST 500 ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reassigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAGE, THOMAS P 5125 ADANSON ST #500 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PROECHEL, ROBERT W 5125 ADANSON ST #500 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <u>Mar 14, 2006</u>	
SIGNATURE AND LOBED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66007687



03012006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2401220 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required