2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90040 044 ***150.00

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1. Entity Name
AMERICAN TRADITIONS INSURANCE COMPANY

Principal Place of Business	Mailing Address
12000 28TH STREET SECOND FLOOR SAINT PETERSBURG, FL 33716	12000 28TH STREET SECOND FLOOR SAINT PETERSBURG, FL 33716

02202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1528 Lakeview Road	PO BOX 5400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Largo, FL
Zip: 33756 Country: US	Zip: 33779 Country: US

4. FEI Number 20-3159417 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACKLIDGE, RAYMOND M ~~12000 28TH STREET SECOND FLOOR~~ 1528 LAKEVIEW RD ~~SAINT PETERSBURG, FL 33716~~ CLEARWATER FL 33756	Name: ~~Commissioner of the Office of Insurance Regulation~~ FL Street Address (P.O. Box Number is Not Acceptable): 200 EAST GAINES STREET City: ~~Tallahassee~~ FL Zip Code: 32399

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D JERGER, THOMAS J 5900 98TH AVENUE N PINELLAS PARK, FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERGER, T JOHN JR 1961 COVE LANE CLEARWATER, FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P, D	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKLIDGE, RAYMOND M 28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S, D	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JERGER, RICHARD M 7963 9TH AVENUE SOUTH ST. PETERSBURG, FL 34665	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VATTER, DOUGLAS F 8 RIVERSIDE DRIVE CORNWALL ON HUDSON, NY 12520	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Raymond M. Blacklidge Secretary 2-21-06 727-561-0013 x142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #