2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90025 034 ***150.00

DOCUMENT # P06000046060

1. Entity Name
ROYAL PALM INSURANCE COMPANY

Principal Place of Business	Mailing Address
140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 02-0772872 ☐ 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
CHIEF FINANCIAL OFFICER DIVISION OF LEGAL SERVICES 200 EAST GAINES STREET TALLAHASSEE, FL 32314	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 _____ 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, 2007 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	PD BURT, LOCKWOOD W 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN GOLDIE-MORRISON 140 S. ATLANTIC AVE #400 ORMOND BEACH, FL 32176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIPARDO, A.L. 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRADLEY, ROSEANN M 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROCKSMITH, DONALD G 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, BRIAN S 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOVRIN, DAVID E 140 SOUTH ATLANTIC AVENUE, SUITE 400 ORMOND BEACH, FL 32176	☑ 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.

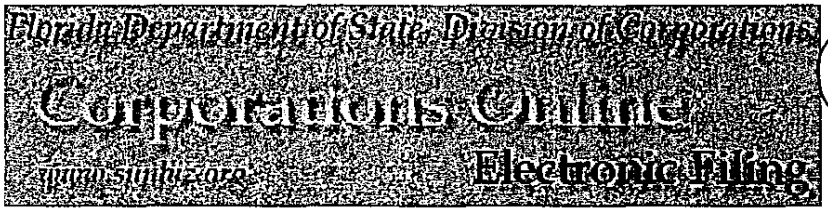
SIGNATURE: Donald G Brocksmith 4-30-07 (386)677-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DONALD G BROCKSMITH

 ATTACHMENT

40095291 #P06000046060

SFIH



Online Payment System

PAYMENT RECEIPT	
Transaction Amount:	$55.00
Email Address:	Brocksmith@ormondre.com
Date/Time Paid:	04/30/2007 14:40:34
Payment ID Number:	19395200
Reference Number:	300099873113

Thank you for using the
LINK2GOV
Online Payment System.
Print this receipt for your records.

You MUST select continue in order to receive your CONFIRMATION from the State.

Continue