## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000044129

Entity Name: ARK ROYAL INSURANCE COMPANY

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
805 EXECUTIVE CENTER DR. WEST, SUITE 300 ST. PETERSBURG, FL 33702				805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702		
Current Mailing Address:				New Mailing Address:		
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805 EXECUTIVE CENTER DR. WEST, SUITE 300 ST. PETERSBURG, FL 33702				805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702		
FEI Number: 26-1142659 FEI Number Applied For ( ) FEI Nu			FEI Nur	nber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
WORTHINGTON, ANN R 805 EXECUTIVE CENTER DR. WEST, SUITE 300 ST. PETERSBURG, FL 33702 US				WORTHINGTON, ANN R 805 EXECUTIVE CENTER DR. WEST SUITE 300 ST. PETERSBURG, FL 33702 US		
	named entity e of Florida.	submits this statement for the p	ourpose o	of changing i	ts registered o	ffice or registered agent, or both,
SIGNATURE:				01/06/2009		
Electronic Signature of Registered Agent						Date
Election Car		g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PCD ( PUPPEL, DEN 911 CHISTRUS CLEARWATER	ST ST.		Title: Name: Address: City-St-Zip:	PCD (X PUPPEL, DENN 911 CHESTNU CLEARWATER	ΓST.
Title: Name: Address: City-St-Zip:	WORTHINGTO 805 EX CUTUR	) Delete N, ANN R RE CTR DR W #300 SBURG, FL 33702		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	WILLIS, ROBE 259 3RD ST. N			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address: City-St-Zip:	SHER, CRAIG 5858 CENTRA			Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition
Title: Name: Address:	PECK, FRANK	) Delete		Title: Name: Address:	PECK, FRANK	) Change ( ) Addition C F CENTER DR WEST SUITE 300

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.

City-St-Zip: ST. PETERSBURG, FL 33702

SIGNATURE: ANN R. WORTHINGTON VTD 01/06/2009

City-St-Zip: ST. PETERSBURG, FL 33702