


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000005305

1. Entity Name
 THE FLORIDA INSURANCE GROUP OF VOLUSIA, INC.



Principal Place of Business
 1386 S. SAXON BLVD.
 DELTONA, FL 32725

Mailing Address
 1386 S. SAXON BLVD.
 DELTONA, FL 32725



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3227963

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, JULIAN
 1386 S. SAXON BLVD
 DELTONA, FL 32725

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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

U00000482922
 04/11/06-80096-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | V |
| NAME | RODRIGUEZ, JULIAN |
| STREET ADDRESS | 1386 S. SAXON BLVD |
| CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | V |
| NAME | RODRIGUEZ, ELAINE Y |
| STREET ADDRESS | 1386 S. SAXON BLVD. |
| CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | ST |
| NAME | RODRIGUEZ, ROSA B |
| STREET ADDRESS | 1386 S. SAXON BLVD. |
| CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | P |
| NAME | RODRIGUEZ, JULIAN E |
| STREET ADDRESS | 1386 S. SAXON BLVD |
| CITY-ST-ZIP | DELTONA, FL 32725 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Rodriguez Julian E Rodriguez 03/24/06 386-985-2992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #