


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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**



02202008 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**

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000838328
 03/05/08-80026-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RODRIGUEZ, JULIAN
STREET ADDRESS	1386 S. SAXON B;VD
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	

DO NOT WRITE IN THIS SPACE

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: Julian E Rodriguez **Julian E Rodriguez** 02-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

386-985-2992