

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057299

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: PROGRAM INSURANCE MANAGEMENT OF SARASOTA, INC.

## Current Principal Place of Business:

2201 CANTU CT  
STE 102  
SARASOTA, FL 34232 US

## New Principal Place of Business:

## Current Mailing Address:

2201 CANTU CT  
STE 102  
SARASOTA, FL 34232 US

## New Mailing Address:

FEI Number: 65-0681319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCGINNESS, W L  
1800 SECOND ST.  
SUITE 750  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: HAHN, ALEXANDER D CEO  
Address: 7272 DONALD ROSSRD WEST  
City-St-Zip: SARASOTA, FL

Title: P ( ) Delete  
Name: KERR, CHRISTOPHER B PRESIDE  
Address: 22245 PANTHER LOOP  
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Delete  
Name: HAGAN, DANIEL J VP  
Address: 8309 EAGLE LAKE DR  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CBK

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date