2006 FOR PROFIT CORPORATION

ANNUAL REPORT										
DOCUMENT # P96000082710										
Entity Name COMMUNITY INSURANCE, INC.										
	·					06 KAR 14 PN 3: 10				
Principal Place		Mailing Address				. ,	, y	ΤĒ		
12270 SW 3RD ST Plantation, Fl 33325		PO BOX 189013 PLANTATION, FL 33318				TALL	, î L0î	ADIS	ı	
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2. Principal Place of Business		3. Mailing Address 559009						-		
Suite, Apt. #, etc.		9.0. Box 559069 Suite, Apt. #, etc.		t	03012006	Cha D	OD05004 (44	(OE)		
City & State		City & State		- !	4. FEI Number	Chg-P	CR2E034 (11.			
City & State		Ft. Lauderda	de FL	_				plied For Applicable		
Zip	Country	75355	Country .S.		5. Certificate of	Status Desired	□ \$8.75			
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered Agent			
VAUGHAN	CRAIG A	v C.c.	ia A.							
4450 W. SUNRISE BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 100 PLANTATION, FL 33318			1221	<u>По</u>	S.W.	2 5	copt C	$\overline{L_{i,i}}$	- 2m	
	. /	City	FI 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.										
Z-110-04										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		~ —		d to Fees					
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC	TORS	IN 11	
TITLE NAME	C DONNELLY, JAMES P	☐ Delete	TITLE NAME	<u>G</u>	مال، ح	mes P.	E Ch	inge	☐ Addition	
STREET ADDRESS	2547 SANCTUARY DR		STREET ADDRESS	122	70 Sice	2. 3 St	reet, Su	λe	Z00	
CITY-ST-ZIP	WESTON, FL 33327 VST	□ Delete	CITY-ST-ZIP TITLE	YICIY	74100	<u> </u>	<u>5565</u>		Addition	
NAME	VAUGHAN, CRAIG A		NAME	Vac	nodo	Craig F	\(\) .	-		
STREET ADDRESS (12565 NW 76TH ST PARKLAND, FL 33076		STREET ADDRESS CITY-ST-ZIP	1225	10 50	0 3 S	27.881 S	ンけい	e 200	
TITLE	P	☐ Delete	THE	P	<u> </u>			ange	Addition	
NAME STREET ADDRESS	HARTMAN, JAMES 19509 SATURMA LAKES DR		NAME STREET ADDRESS	HU17	man,	Zames u. z s	Z, Faark	ر(۲)	c 200	
City-St-ZiP	BOCA RATON, FL 33498		CITY-ST-ZIP	Plan		FL	33325			
TITLF NAME		☐ Delete	TITLE NAME			` « «	Ch	•	☐ Addition	
STREET ADDRESS			STREET ADDRESS		03/30/	/0601062	065098 013 **7	11. 2	25	
CITY-ST-ZIP TITLE			CITY-ST-ZIP				<u></u>			
NAME		☐ Oelete	TITLE NAME				□ Ch	ange	Addition Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		<u></u>	,	Ch	ange	Addition	
NAME STREET ADDRESS			name Street address				_			
CITY-ST-ZIP			CITY-ST-ZIP							
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for titrue and accurate and that my	he exemptions co	ontained i	in Chapter 119, ame legal effect	Florida Statutes. as if made under	I further certify that oath; that I am an c	the in	formation or director	

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 it changed, or on an attachment with an added so, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date 3-10-00 954 797-6000 Date Daytime Phone #