

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000082710**

1. Entity Name  
**COMMUNITY INSURANCE, INC.**



06 MAR 14 PM 3:10

TALLAHASSEE, FLORIDA

Principal Place of Business  
12270 SW 3RD ST  
PLANTATION, FL 33325

Mailing Address  
PO BOX 189013  
PLANTATION, FL 33318

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 559009  
Suite, Apt. #, etc.



03012006 Chg-P CR2E034 (11/05)

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

Zip  
33355

Country  
U.S.

4. FEI Number  
65-0730206

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
VAUGHAN, CRAIG A  
4450 W. SUNRISE BLVD.  
SUITE 100  
PLANTATION, FL 33318

7. Name and Address of New Registered Agent  
Name  
Vaughan, Craig A.  
Street Address (P.O. Box Number is Not Acceptable)  
12270 S.W. 3 Street, Suite 200  
City  
Plantation  
FL  
Zip Code  
33325

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 3-10-06

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE C	DONNELLY, JAMES P 2547 SANCTUARY DR WESTON, FL 33327	TITLE C	Donnelly, James P. 12270 S.W. 3 Street, Suite 200 Plantation, FL 33325
TITLE VST	VAUGHAN, CRAIG A 12565 NW 76TH ST PARKLAND, FL 33076	TITLE VST	Vaughan, Craig A. 12270 S.W. 3 Street, Suite 200 Plantation, FL 33325
TITLE P	HARTMAN, JAMES 19509 SATURMA LAKES DR BOCA RATON, FL 33498	TITLE P	Hartman, James 12270 S.W. 3 Street, Suite 200 Plantation, FL 33325
TITLE NAME		TITLE NAME	800069065098
TITLE NAME		TITLE NAME	03/30/06--01062--013 **711.25
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

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: *[Signature]* DATE: 3-10-06 DAYTIME PHONE #: 954 792-6000