


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90004 014 ***150.00

DOCUMENT # P97000071536

1. Entity Name
AMERICAN STRATEGIC INSURANCE CORP.



Principal Place of Business
1325 SNELL ISLE BLVD
SUITE 211
ST PETERSBURG, FL 33704 US

Mailing Address
1325 SNELL ISLE BLVD
SUITE 211
ST PETERSBURG, FL 33704 US

54059937



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

3. Mailing Address
 Suite, Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
59-3459912

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CS	<input type="checkbox"/> Delete
NAME	FASTEAU, MARC	
STREET ADDRESS	151 WEST 86TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10024	
TITLE	D	<input type="checkbox"/> Delete
NAME	NASON, ROBERT	
STREET ADDRESS	SEAVIEW HOUSE 70 SEAVIEW AVE.	
CITY-ST-ZIP	STAMFORD, CT 069026040	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTS, JOHN	
STREET ADDRESS	20 HORSENECK LANE	
CITY-ST-ZIP	GREENWICH, CT 06830	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, JOSEPH	
STREET ADDRESS	55 MADISON AVE.	
CITY-ST-ZIP	MORRISTOWN, NJ 07962	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	AUER, JOHN F	
STREET ADDRESS	1281 SNELL ISLE BLVD. NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDRICK, GREG	
STREET ADDRESS	1 BERMUDIANA RD.	
CITY-ST-ZIP	HAMILTON HM EX, BERMUDA,	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR, EVP, ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILKEY, KEVIN R.	
STREET ADDRESS	606 14TH AVE N.E.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Milkey **Kevin Milkey** 7/1/04 **727-821-8765**

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