2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000122370

KLEIN, SHERRI

2947 CANTON CHASE DR

MARIETTA, GA 30062

Name:

Address:

City-St-Zip:

Entity Name: PEACHTREE CASUALTY INSURANCE COMPANY

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	OGE LAKE CIR OD, FL 327504					
Current Mailing Address:			New Maili	New Mailing Address:		
1533 N RIDGE LAKE CIR LONGWOOD, FL 327504554			2889 ELMWOOD DRIVE SMYRNA, GA 300803709 US			
FEI Number: 58-1548761		FEI Number Applied For ()	FEI Number Not Applicable ()		Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
P.O. BOX (200 E. GAI	IANCIAL OFFIC 6200 32314-620 NES ST. SSEE, FL 3239	00				
	named entity s e of Florida.	ubmits this statement for the pu	ırpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR	RE:					
		ic Signature of Registered Ager	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () DIAL, WILLIAM. 910 S POWERS ATLANTA, GA 3	СТ	Title: Name: Address: City-St-Zip:	DP (X DIAL, WILLIAN 910 S POWER ATLANTA, GA	RS CT	
Title: Name: Address: City-St-Zip:	D () TEFFT, DONALI 165 BRICKLEBE ROSWELL, GA	ERRY DR	Title: Name: Address: City-St-Zip:	DS (X TEFFT, DONA 165 BRICKLES ROSWELL, GA	BERRY DR	
Title: Name: Address: City-St-Zip:	D () YERRAMILLI, JA 4730 NICKLAUS DULUTH, GA 30	DR	Title: Name: Address: City-St-Zip:	DT (X YERRAMILLI, 4730 NICKLAU DULUTH, GA	JS DR	
Title: Name: Address: City-St-Zip:	D () JOHNSTON, MA 215 OAKLEAF T BALL GROUND,	RAIL	Title: Name: Address: City-St-Zip:	DV (X JOHNSTON, M 215 OAKLEAF BALL GROUNI	TRAIL	
Title:	D ()	Delete	Title:	DV (X	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

KLEIN, SHERRI

2947 CANTON CHASE DR

MARIETTA, GA 30062

SIGNATURE: WILLIAM A. DIAL, JR. DP 01/17/2006