

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000047270

**Entity Name:** FLORIDA PENINSULA INSURANCE COMPANY**Current Principal Place of Business:**903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487**Current Mailing Address:**903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487**FEI Number:** 20-2610293**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 GAINES ST  
200 GAINES ST.  
TALLAHASSEE, FL 32314-6200 US*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**Officer/Director Detail :**Title CEO  
Name DESJADON, ROGER L  
Address 6 TERHUNE CT  
City-State-Zip: FRANKLIN PARK NJ 08823Title SD  
Name GIULIANTI, STACEY AESQ  
Address 903 NW 65 STREET  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487Title D  
Name CANTOR, GARY  
Address 903 NW 65 ST  
SUITE 200  
City-State-Zip: BOCA RATON FL 33487Title C  
Name ADKINS, PAUL  
Address 18743 LONG LAKE DR  
City-State-Zip: BOCA RATON FL 33496Title TD  
Name LATTANZIO, FRANCIS J  
Address 85 FARMCLIFF DR  
City-State-Zip: GLASTONBURY CTTitle D, PRESIDENT  
Name STRAUCH, CLINT B  
Address 3317 NE 30 AVE  
City-State-Zip: LIGHTHOUSE POINT FL 33064

*I hereby 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 all other like empowered.*

**SIGNATURE:** STACEY GIULIANTI**CORP SEC****02/24/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date