


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 232112</b> 1. Entity Name <b>FINANCIAL REINSURANCE, INC.</b>					
Principal Place of Business <b>140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US</b>			Mailing Address <b>140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US</b>		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite, Apt #, etc. City & State Zip Country		
4. FEI Number <b>59-0910994</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ORMOND RE GROUP, INC. (FORMELY- FINANCIAL MANAGEMENT, INC. 140 S ATLANTIC AVE, SUITE 400 ORMOND BEACH FL 32074</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVTD LONG, WILLIAM T 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVSC DEINER, JOHN 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BURT, W L 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD DIPARDO, ANTHONY L 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HARTZ, A.J. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AV BUTCKA, A A 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176</b>	<input type="checkbox"/> Delete			
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.			U000000305892 04/14/05-80100-005 1500.00		
<b>SIGNATURE:</b> <i>William T. Long</i> <b>4/12/2005</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					