

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 232112					
1. Entity Name FINANCIAL REINSURANCE, INC.					
Principal Place of Business 140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US			Mailing Address 140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0910994	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORMOND RE GROUP, INC. (FORMERLY- FINANCIAL MANAGEMENT, INC. 140 S ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32074				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 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	SVTD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	LONG, WILLIAM T		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	EVSC	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	DEINER, JOHN		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BURT, W L		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	SVD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	DIPARDO, ANTHONY L		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	HARTZ, A.J.		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	AV	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	BUTCKA, A A		NAME		
STREET ADDRESS	140 S. ATLANTIC AVENUE, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **59-0910994**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City
FL Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William T. Long Date: 3/11/2006