

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

**ORMOND RE GROUP, INC. (FORMELY-  
FINANCIAL MANAGEMENT, INC.  
140 S ATLANTIC AVE., SUITE 400  
ORMOND BEACH FL 32074**

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

Signature, typed or printed name of registered agent and title r applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVTD  
LONG, WILLIAM T ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000712851 ☐ Change ☐ Addition  
04/26/07-80064-003 1500.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
EVSC  
DEINER, JOHN ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BURT, W L ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
DIPARDO, ANTHONY L ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HARTZ, A.J. ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AV  
BUTCKA, A A ☐ Delete  
140 S. ATLANTIC AVENUE, SUITE 400  
ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

*Anthony L. Dipardo* **ANTHONY L. DIPARDO** 4-11-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #