

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90094 001 \*1,500.00

**DOCUMENT # 265695**

1. Entity Name

ORMOND RE GROUP, INC.



Principal Place of Business

140 SO. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176

Mailing Address

140 SO. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-0996627

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

HALIFAX REINSURANCE CORPORATION  
140 SO. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176

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 if applicable.

(NOTE: Registered Agent signature required when consenting.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/2/2008 677-4453