2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 288441

1. Entity Name

BURT AND SCHELD SPECIALTY UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US	140 S. ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1114583 ☐ 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. (FORMERLY- 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVSD DEINER, J B 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add U00000518745 05/02/06-80026-003 1500.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BURT, WALLACE L. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD DIPARDO, ANTHONY L 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVT LONG, W., T. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARTZ, A.J. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV BUTCKA, A.A. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

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: Lee Dean T. Davis 3/10/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #