

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90071 040 \*\*\*150.00

<b>DOCUMENT # 293182</b> 1. Entity Name <b>FLORIDA COMBINED INSURANCE AGENCY, INC.</b>					
Principal Place of Business <b>5011 GATE PARKWAY, BLDG 200, SUITE 400 JACKSONVILLE, FL 32256</b>			Mailing Address <b>5011 GATE PARKWAY, BLDG 200, SUITE 400 JACKSONVILLE, FL 32256</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>59-1098056</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>HORNE, SUZANNE 4800 DEERWOOD CAMPUS PKWY BUILDING 100-7 JACKSONVILLE, FL 32246</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JOLLY, AREZOU C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 DEERWOOD CAMPUS PKWY BUILDING 100-7</b> City      State      Zip Code <b>JACKSONVILLE      FL      32246</b>		
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: <span style="float: right;">DATE: _____</span> <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENEVENTO, BARBARA G 4472 BAY HARBOUR JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, JASON D. 3409 WILLIAMSBURG TEXARKANA, TX 75503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOERR, ROBERT CHRIS 8031 ACORN RIDGE ROAD JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PALLAIS, ROBERT A. 12460 LYDIA WOODS COURT JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, TERRI A 244 ROYAL TERN ROAD NORTH PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, JOSEPH L 6497 RIVER POINT DR GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURWELL, BETH B 4441 WORTH DRIVE EAST JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>			<b>Robert A. Pallais</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>2/17/06</b> Daytime Phone #: <b>904/828-7850</b>		

**ATTACHMENT**  
**40019435**  
**#293182**  
**Division of Corporations**

Attachment to Annual Report

FLORIDA COMBINED INSURANCE AGENCY, INC.  
Document Number  
**293182**

Additional Offices/Directors below

Name and Title	JOLLY, AREZOU C, SECRETARY
Address 1	1705 WOODMERE
Address 2	
City, State Zip	JACKSONVILLE, FL 32210

Name and Title	ALLEN, SHARON K, DIRECTOR
Address 1	2111 HINSON ROAD #7
Address 2	
City, State Zip	LITTLE ROCK, AR 72212

Name and Title	MITCHELL, GEORGE K, DIRECTOR
Address 1	1511 NORTH FILLMORE
Address 2	
City, State Zip	LITTLE ROCK, AR 72207

Name and Title	RYDER, FREDERICK V, DIRECTOR
Address 1	105 TROON POINT LANE
Address 2	
City, State Zip	PONTE VEDRA BEACH, FL 32082

Name and Title	WHITE, PAUL MARK, DIRECTOR
Address 1	300 COTTONWOOD
Address 2	
City, State Zip	ENGLAND, AR 72046