

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 295915

1. Entity Name
CENTRAL FLORIDA INSURERS INC



Principal Place of Business
606 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

Mailing Address
P.O. BOX 2089
WINTER HAVEN, FL 33883 US



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1116676

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, DENNIS G.
606 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

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IN THIS SPACE

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000606510
01/30/07-80081-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, DENNIS G.
STREET ADDRESS 223 NASSAU ROAD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE VD
NAME DAVIS, GEORGE
STREET ADDRESS 620 DUNDEE ROAD
CITY-ST-ZIP DUNDEE, FL 33838

TITLE VD
NAME RUTLEDGE, SADIE
STREET ADDRESS 2514 BLARNEY DR.
CITY-ST-ZIP TALLAHASSEE, FL 323098

TITLE STD
NAME WITTENBERG, BARBARA
STREET ADDRESS 749 SANTA MARIA DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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.

SIGNATURE: _____

Dennis G Davis

1-24-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #