

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90548 001 \*1,500.00

**DOCUMENT # 490688**

1. Entity Name

HALIFAX REINSURANCE CORPORATION



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

00408080



MOORE CR2E034 (11/03)

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 **59-1641033**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC.  
140 S. ATLANTIC AVENUE  
SUITE 400  
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

**After May 1, 2004, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD LONG, WILLIAM T 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, W L 140 S ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD DEINER, JOHN 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BROCKSMITH, D.G. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DIPARDO, ANTHONY L 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 #

3-23-2004