

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

ORMOND RE GROUP, INC.
140 S. 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 SVTD ☐ Delete
NAME LONG, WILLIAM T
STREET ADDRESS 140 S. ATLANTIC AVENUE, SUITE 400
CITY- ST- ZIP ORMOND BEACH FL 32176

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

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

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

TITLE AVP ☐ Delete
NAME BROCKSMITH, D.G.
STREET ADDRESS 140 S. 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 S. ATLANTIC AVENUE, SUITE 400
CITY- ST- ZIP ORMOND BEACH FL 32176

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemption stated in Section 119.07(3)(f), 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 #