

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90094 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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, 2008 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	SVTD LONG, WILLIAM T 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURT, W L 140 S ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVSD DEINER, JOHN 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BROCKSMITH, D.G. 140 S. ATLANTIC AVENUE, SUITE 400 ORMOND BEACH FL 32176	☐ Delete
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		☐ Delete

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

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:

William T. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2008

386

627-4453

Date

Daytime Phone #