


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90089 047 ***150.00

DOCUMENT # 495722 1. Entity Name BANKERS SURETY SERVICES, INC.					
Principal Place of Business 360 CENTRAL AVE. ST PETERSBURG, FL 33701 US			Mailing Address 360 CENTRAL AVE. ST PETERSBURG, FL 33701 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent HAIRE, NANCY C 360 CENTRAL AVE SAINT PETERSBURG, FL 33701				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD HUSSEMAN, EDWIN C <input type="checkbox"/> Delete 360 CENTRAL AVE ST PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEHAN, DAVID K <input type="checkbox"/> Delete 360 CENTRAL AVE ST PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MENKE, ROBERT M <input type="checkbox"/> Delete 360 CENTRAL AVE ST PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KESNECK, BRIAN J <input type="checkbox"/> Delete 360 CENTRAL AVE ST PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HAIRE, NANCY C <input type="checkbox"/> Delete 360 CENTRAL AVE ST. PETERSBURG, FL 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WHALEN, MICHAEL J <input type="checkbox"/> Delete 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701		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.					
SIGNATURE: <u>Nancy C. Haire</u> <u>Nancy C. Haire</u> <u>3/8/06</u> <u>727-823-4000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40053628

#495722

Bankers Surety Services, Inc.

Exhibit to 2006 Annual Report

VP	Robert G. Southey	360 Central Avenue	St. Petersburg, FL
VP	Kristina K. Rogers	360 Central Avenue	St. Petersburg, FL
S	John T. White	360 Central Avenue	St. Petersburg, FL
VP	JoAnn L. Bjurholm	360 Central Avenue	St. Petersburg, FL
AS	Stephanie D. Trudel	360 Central Avenue	St. Petersburg, FL