

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555462

FILED
Jan 16, 2006
Secretary of State

Entity Name: SERVICE INSURANCE COMPANY

Current Principal Place of Business:

4730 SR 64 EAST
BRADENTON, FL 34208 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9729
BRADENTON, FL 342069729 US

New Mailing Address:

FEI Number: 59-1786118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CRUIKSHANK, DAVID C
4730 SR 64 EAST
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WEICHEL, JOHN A SR.
Address: 4401 RIVERVIEW BLVD. W.
City-St-Zip: BRADENTON, FL 34209

Title: P () Delete
Name: CRUIKSHANK, DAVID C
Address: 4716 18TH AVE., W.
City-St-Zip: BRADENTON, FL 34209

Title: S () Delete
Name: WAAG, ROSETTA
Address: 5928 DORAL DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: STRICKLAND, ROBERT W
Address: P.O. BOX 8010
City-St-Zip: GOLDSBORO, NC 27533

Title: V () Delete
Name: GURLEY, MICHAEL A
Address: 206 73RD ST., NW
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: GURLEY, MICHAEL A
Address: 109 24TH ST NW
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSETTA WAAG

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01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date