

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 555462

FILED  
Apr 28, 2008  
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 ( )

**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: 109 24TH ST NW  
City-St-Zip: BRADENTON, FL 34205

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

I hereby certify that the information supplied with this filing does not qualify 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

MRS

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date