


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90134 049 \*\*\*150.00

<b>DOCUMENT # 658743</b>	
1. Entity Name <b>PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY</b>	

Principal Place of Business <b>4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US</b>	Mailing Address <b>6300 WILSON MILLS RD W33 MAYFIELD VILLAGE, OH 44143 US</b>
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**50064952**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1951700</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DIRECTOR OF OFFICE OF INSURANCE REGULATION 200 EAST GAINES STREET TALLAHASSEE, FL 32599-0300</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DOMECK, BRIAN C 625 ALPHA DRIVE HIGHLAND HEIGHTS, OH 44143</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Timothy Madden 4221 West Boy Scout Blvd. Tampa, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 441432182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DENWICK, GLENN M 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 441432182</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D David J. Shave 2300 Westgate Pkwy. - Suite 300 Richmond, VA 23233</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATVP KUSMER, JAMES L 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 441432182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 441432182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BASCH, JEFFREY W 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 441432182</b> <input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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

**6/15/05**

Date

Daytime Phone #

ATTACHMENT

**PROGRESSIVE®**

Progressive Accounts Payable  
P.O. Box 94568  
Cleveland OH 44101

50064952  
# 658743

00015



STATE OF FLORIDA  
200 E GAINES ST  
DEPARTMENT OF INSURANCE  
TALLAHASSEE FL 32399-6502

**DRAFT NUMBER**

601154194

ISSUE DATE: 08/12/2005

**DRAFT AMOUNT**

\$ \*\*\*\*\*150.00

2005 AUG 22 AM 11:22  
CASHIER'S OFFICE

ATTACHMENT

PROGRESSIVE®

520064952  
#658743

Issue Date: 08/12/2005

Draft Number: 601154194

Page: 1

Vendor Name: STATE OF FLORIDA

Inv. Date	Invoice Number	P.O. Number	Gross Amount	Disc Amount	Net Amount
08/02/2005	15000042005	0	150.00	0.00	150.00
	2005 FOR PROFIT CORP ANNUAL REPORT/K GAMBOL/CCC 72				
	04 Progressive Southeastern Insurance Company				

Financial Services

AUG 22 2005

Revenue processing

C. billing  
if so, what  
tycl/23  
J

Page Total	150.00	0.00	150.00
Grand Total	150.00	0.00	150.00

Please keep the Detail Pages for your records