

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002435

FILED  
Apr 15, 2007  
Secretary of State

Entity Name: COMMERCIAL MARKETS INSURANCE COMPANIES, INC.

## Current Principal Place of Business:

1060 WEST STATE RD 434  
STE 164  
LONGWOOD, FL 32750

## New Principal Place of Business:

583 SILVERGATE LOOP  
LAKE MARY, FL 32746

## Current Mailing Address:

PO BOX 951475  
LAKE MARY, FL 32795

## New Mailing Address:

FEI Number: 59-3620241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEBHARDT, MARK  
1060 WEST STATE RD 434  
STE 164  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

GEBHARDT, MARK  
583 SILVERGATE LOOP  
LAKE MARY, FL 32746 US

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:

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete  
Name: GEBHARDT, MARK D  
Address: 1060 WEST STATE RD 434 STE 164  
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete  
Name: GEBHARDT, KATHRYNNE  
Address: 1060 WEST STATE RD 434 STE 164  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition  
Name: GEBHARDT, MARK D  
Address: PO BOX 951475  
City-St-Zip: LAKE MARY, FL 32795

Title: SD (X) Change ( ) Addition  
Name: GEBHARDT, KATHRYNNE  
Address: PO BOX 951475  
City-St-Zip: LAKE MARY, FL 32795

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: MARK GEBHARDT

PRES

04/15/2007

Electronic Signature of Signing Officer or Director

Date