


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000001673</b> 1. Entity Name <b>EASTGUARD INSURANCE COMPANY</b>	
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Principal Place of Business <b>16 SOUTH RIVER ST. WILKES-BARRE, PA 18703 US</b>	Mailing Address <b>16 SOUTH RIVER ST. P.O. BOX A-H WILKES-BARRE, PA 18703-0020 US</b>
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01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0125870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SHOVAL, Y. JUDD 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP SHOVAL, SUSAN W 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZATORSKI, RICHARD T 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DULIN, MICHAEL J 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KORNBLATT, MARSHALL I 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PICKER, JEFFREY E 16 SOUTH RIVER ST. WILKES-BARRE, PA 18703

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IN THIS SPACE**

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02/18/06-80096-014 150.00

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 another like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000 Daytime Phone # \_\_\_\_\_