

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007275

FILED
Apr 16, 2007
Secretary of State

Entity Name: AMERICAN SPECIALTY INSURANCE & RISK SERVICES, INC.

Current Principal Place of Business:

142 NORTH MAIN STREET
ROANOKE, IN 46783

New Principal Place of Business:

Current Mailing Address:

142 NORTH MAIN STREET
ROANOKE, IN 46783

New Mailing Address:

FEI Number: 20-2007066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: HENDERSON, JIM W
Address: 220 S. RIDGEWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P () Delete
Name: ESHELMAN, PETER T
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: V () Delete
Name: ESHELMAN, TIMOTHY J
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: V () Delete
Name: HARRIS, DAVID A
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: V () Delete
Name: TROUP, TAFFY F
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

Title: V () Delete
Name: WEIR, DANIEL S
Address: 142 NORTH MAIN STREET
City-St-Zip: ROANOKE, IN 46783

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENDERSON, JIM W
Address: 220 S. RIDGEWOOD AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

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

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

Title: T (X) Change () Addition
Name: TINSLEY, THOMAS G
Address: 220 SOUTH RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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

Title: S (X) Change () Addition
Name: GRAMMIG, LAUREL L
Address: 3101 W. MLK, JR. BOULEVARD, SUITE 400
City-St-Zip: TAMPA, FL 33607

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: LAUREL L. GRAMMIG

S

04/16/2007

Electronic Signature of Signing Officer or Director

Date