


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F15647	
1. Entity Name ORMOND INSURANCE AND REINSURANCE MANAGEMENT SERVICES, INC.	

Principal Place of Business 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 US	Mailing Address 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2079631	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORMOND RE GROUP, INC. 140 S. ATLANTIC AVE., SUITE 400 ORMOND BEACH FL 32176	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURT, W LOCKWOOD		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	
TITLE SVTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, WILLIAM T		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	
TITLE EVSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEINER, JOHN		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	
TITLE SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIPARDO, ANTHONY L		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTZ, A.J.		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	
TITLE AV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTCKA, A.A.		NAME	
STREET ADDRESS 140 S. ATLANTIC AVE., SUITE 400		STREET ADDRESS	
CITY - ST - ZIP ORMOND BEACH FL 32176		CITY - ST - ZIP	

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04/14/05-80100-005 1500.00

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: William T. Long 4/12/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #