

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000002328**

1. Entity Name  
**AMERICAN SPECIALTY INSURANCE SERVICES, INC.**



Principal Place of Business  
**142 N MAIN ST  
ROANOKE, IN 46783-0309 US**

Mailing Address  
**P. O. BOX 309  
ROANOKE, IN 46783-0309**

**DO NOT WRITE IN THIS SPACE**



07112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**35-1781838**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ESHELMAN, TIMOTHY J  
81250 OVERSEAS HWY, PO BOX 1541  
ISLAMORADA, FL 33036-1541**

**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 \_\_\_\_\_

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  
Due by September 6, 2006**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
ESHELMAN, PETER T  
142 N MAIN ST  
ROANOKE, IN 46783**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVD  
HARRIS, DAVID A  
142 N MAIN ST  
ROANOKE, IN 46783**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVD  
ESHELMAN, TIMOTHY J  
81250 OVERSEAS HWY  
ISLAMORADA, FL 33036**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCFO  
WEIR, DANIEL S  
142 N. MAIN STREET  
ROANOKE, IN 46783**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000571672  
07/21/06-80007-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Peter T. Eshelman*

7-18-06

260-672-8800