

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90009 043 \*\*\*158.75

**DOCUMENT # F96000000075**

1. Entity Name  
**AMCOMP INCORPORATED**



Principal Place of Business  
**701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

Mailing Address  
**701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0636842**

Applied For  
☐ Not Applicable

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

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
STEPHENS, SAM A  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LOWE, FREDERICK R  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CERRE-RUEDISILI, DEBRA  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TRAYNOR, SEAN M  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GUENZL, SIMON  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
QUEALLY, PAUL B  
701 U.S. HIGHWAY 1, SUITE 200  
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MELODY A. MISIASZEK**  
**SECRETARY**

Date

**2.3.2004**

Daytime Phone #

**800-226-1898**

**x 11226**