


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90308 036 \*\*\*158.75

<b>DOCUMENT # F96000000075</b>		
1. Entity Name <b>AMCOMP INCORPORATED</b>		

Principal Place of Business <b>701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**20038965**



04012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0636842</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEPHENS, SAM A 701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOWE, FREDERICK R 701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERRE-RUEDISILI, DEBRA 701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD DEBRA CERRE-RUEDISILI 701 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAYNOR, SEAN M 701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D RICHARD KROON 701 U.S. HIGHWAY ONE, SUITE 200 NORTH PALM BEACH, FL 33408</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUENZL, SIMON 701 U.S. HIGHWAY, SUITE 200 NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEALLY, PAUL B 701 U.S. HIGHWAY 1, SUITE 200 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the 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 Melody A. Misiaszek **Melody A. Misiaszek, 4.14.05 800-226-1898**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## 10. OFFICERS AND DIRECTORS (CONTINUED)

#F96000000075/20038965

TITLE: V/T/D  
NAME: KUMAR GURSAHANEY  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V/S  
NAME: MELODY A. MISIASZEK  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: ANTONIO FAILLACI  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: MARINA POPOVETSKY  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: VALERIE WILSON  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: LAURA NEWSTEAD  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: HAYDEN BURRUS  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: JENNIFER WIEDRICK  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: V  
NAME: DEBRA BRENNER  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408

TITLE: AS  
NAME: MARY BALDO  
ADDRESS: 701 U.S. HIGHWAY ONE, SUITE 200  
CITY-ST-ZIP: NORTH PALM BEACH, FL 33408