


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90058 035 \*\*\*150.00

<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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03212007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>65-0636842</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input 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, 2007 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	<b>D</b> <b>STEPHENS, SAM A</b> <input type="checkbox"/> Delete <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GEORGE HARRIS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>LOWE, FREDERICK R</b> <input type="checkbox"/> Delete <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPENCER L. CULLEN JR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CERRE-RUEDISILI, DEBRA</b> <input type="checkbox"/> Delete <b>701 US HWY ONE STE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONALD C STEWART</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TRAYNOR, SEAN M</b> <input type="checkbox"/> Delete <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/V</b> <b>KUMAR GURSAHANEY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MISIASZEK, MELODY A</b> <input checked="" type="checkbox"/> Delete <b>701 US HWY ONE STE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUEALLY, PAUL B</b> <input type="checkbox"/> Delete <b>701 U.S. HIGHWAY 1, SUITE 200</b> <b>NORTH PALM BEACH, FL 33408</b>		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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/11/07    561-863-2584 Date    Daytime Phone #		