

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 011 ***150.00

DOCUMENT # J06397

1. Entity Name
PROGRESSIVE BAYSIDE INSURANCE COMPANY



40074816

Principal Place of Business
**4030 CRESCENT PARK DRIVE
BLDG B
RIVERVIEW, FL 33569 US**

Mailing Address
**6300 WILSON MILLS RD
W33
MAYFIELD VILLAGE, OH 44143 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State
Zip Country

4. FEI Number
31-1193845

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
TALLAHASSEE, FL 32399-0326**

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, 2006 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 | PD MADDEN, TIMOTHY M 4221 WEST BOY SCOUT BLVD, STE 400 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BASCH, JEFFREY W 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIBBI, TERENCE W 300 N COMMONS BLVD MAYFIELD VILAGE, OH 44143 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT KUSMER, JAMES L 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Director Benjamin D. Sheridan 300 N. Commons Blvd. Mayfield Village, OH 44143 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6300 Wilson Mills Rd. Mayfield Village, OH 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6300 Wilson Mills Rd. Mayfield Village, OH 44143 <input checked="" 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40074816

PROGRESSIVE®

J06397

Issue Date: 04/12/2006

Draft Number: 601250272

Page: 1

Vendor Name: STATE OF FLORIDA

| Inv. Date | Invoice Number | P.O. Number | Gross Amount | Disc Amount | Net Amount |
|------------|--|-------------|--------------|-------------|------------|
| 03/31/2006 | 15000202006 | 0 | 150.00 | 0.00 | 150.00 |
| | CO 20 2006 FOR PROFIT CORP ANNUAL REPORT | | | | |
| | 20 Progressive Bayside Insurance Company | | | | |

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| Page Total | 150.00 | 0.00 | 150.00 |
| Grand Total | 150.00 | 0.00 | 150.00 |

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