

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J12402

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** KAMIKAZE REINSURANCE OF FLORIDA, INC.

**Current Principal Place of Business:**

635 93RD AVENUE NORTH  
ST. PETERSBURG, FL 33702 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 21377  
SAINT PETERSBURG, FL 33742 US

**New Mailing Address:**

**FEI Number:** 59-2668386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARDNER, MERRITT A  
WATERMARK 5 STE 200  
5415 MARINER ST  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HANDEL, JOHN K.  
Address: 635 93 AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL

Title: ST  
Name: HANDEL, GAIL E.  
Address: 635 93 AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN K. HANDEL

DP

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date