

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J61688

FILED
Jan 19, 2010
Secretary of State

Entity Name: FIRST FLORIDA INSURERS OF TAMPA, INC.

Current Principal Place of Business:

3710 W. AZEELE STREET
TAMPA, FL 33609 US

New Principal Place of Business:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

Current Mailing Address:

3710 W. AZEELE STREET
TAMPA, FL 33609 US

New Mailing Address:

3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

FEI Number: 59-2798509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULS, JOHN L., JR.
3710 W. AZEELE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

PULS, JAMES M
3710 CORPOREX PARK DRIVE
SUITE 215
TAMPA, FL 33619 US

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: JAMES M. PULS

01/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: KATZ, BARRY
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619 US

Title: SVF
Name: KIRKBRIDE, KIM
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619 US

Title: D
Name: KATZ, BARRY
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619 US

Title: D
Name: KIRKBRIDE, KIM
Address: 3710 CORPOREX PARK DRIVE, SUITE 215
City-St-Zip: TAMPA, FL 33619 US

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: BARRY KATZ

CEO

01/19/2010

Electronic Signature of Signing Officer or Director

Date