## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K27104

1. Entity Name

FIRST PROTECTION CORPORATION OF FLORIDA



FILED Apr 27, 2007 08:00 A Secretary of State

Principal Place of Business

**601 CARLSON PKWY** 

SUITE 990

MINNETONKA, MN 55305

Mailing Address

601 CARLSON PKWY

SUITE 990

MINNETONKA, MN 55305 U



DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number	El Number		Applied For
41-1637611			Not Applicabl
5. Certificate of Status Desired			5 Additional equired

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 DO NOT WRITE IN THIS SPACE

8. T	he 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 accep	1
th	he 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10	10. OFFICERS AND DIRECTORS		
TITLE	P		
NAME	HANSON, JANET E		
STREET ADDRESS	601 CARLSON PKWY #990		
CITY-ST-ZIP	HOPKINS, MN 55305		
TITLE	CCEO		
NAME	GRIGGS, BRENT E		
STREET ADDRESS	14755 N OUTER FORTY DRIVE, STE 400		
CITY-ST-ZIP	CHESTERFIELD, MO 63017		
TITLE	VP		
NAME	BIELEN, RICHARD J		
STREET ADDRESS	2801 HWY 280 SOUTH		
CITY-ST-ZIP	BIRMINGHAM, AL 35224		
TITLE	SVCT		
NAME	CARIOLANO, GREGG O		
STREET ADDRESS	14755 N OUTER FORTY DR STE 400		
CITY-ST-ZIP	CHESTERFIELD, MO 63017		
TITLE	SVPS		
NAME	HACKETT, RICHARD C		
STREET ADDRESS	14755 N OUTER FORTY DR STE 400		
CITY-ST-ZIP	CHESTERFIELD, MO 63017		
TITLE	VP		
NAME	WALKER, STEVEN G		
STREET ADDRESS	2801 HWY 280 S		
CIFY-ST-ZIP	BIRMINGHAM, AL 35224		
12. I hereby certify that the information supplied with this filling does not qualify			

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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

SON

4-23-07

452-807-0106

Daytime Phone #