

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90224 040 ***150.00

DOCUMENT # L29717

1. Entity Name
LIFE GENERAL SECURITY INSURANCE COMPANY



Principal Place of Business
**450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 US**

Mailing Address
**450 EAST LAS OLAS BLVD.
SUITE 1500
FT. LAUDERDALE, FL 33301 US**

40063861



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-P CR2E034 (10/03)

4. FEI Number
72-0699246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUIZENGA HOWINGS AVE
450 E. LAS OLAS BLVD
SUITE 1500
FORT LAUDERDALE, FL 33301**

HUIZENGA HOLDINGS, INC.

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BLOSSER, JAMES JOSEPH**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPST** ☐ Delete
NAME **CARRIERO, EDWARD M JR.**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUIZENGA, H. WAYNE JR.**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **ROCHON, RICHARD C**
STREET ADDRESS **450 EAST LAS OLAS BLVD., SUITE 1500**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **BRADEN, CHRIS V**
STREET ADDRESS **450 E. LAS OLAS BLVD., SUITE 1500**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #