

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 18, 2007 8:00 am  
Secretary of State**

05-18-2007 90019 008 \*\*\*550.00

**DOCUMENT # L73127**

1. Entity Name  
**SURETY CASUALTY INC.**



Principal Place of Business  
**12030 74TH AVENUE NORTH  
SEMINOLE, FL 33772 US**

Mailing Address

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

05102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3008933</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HAGER, ROBERT J.  
12030 74TH AVE N  
SEMINOLE, FL 33772**

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 \$550.00  
Due by September 14, 2007**

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: DP  
NAME: HAGER, ROBERT J.  
STREET ADDRESS: 12030 74TH AVE N  
CITY-ST-ZIP: SEMINOLE, FL 33772

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE: DVP  
NAME: HAGER, CAROL S.  
STREET ADDRESS: 12030 74TH AVE N  
CITY-ST-ZIP: SEMINOLE, FL 33772

Delete

TITLE  
NAME

Change  Addition

TITLE: SAV  
NAME: HAGER, BRIAN J  
STREET ADDRESS: 11303 60 TERR.  
CITY-ST-ZIP: SEMINOLE, FL 33772

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: Robert J. Hager**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-16-07 727-399-9792

Date

Daytime Phone #