


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L84206</b> 1. Entity Name <b>COMMERCIAL &amp; HOME INSURANCE, INC.</b>	
--	---

Principal Place of Business <b>C/O WILLIAM F. DAVISON 6709-49TH ST. N. PINELLAS PARK FL 33781 US</b>	Mailing Address <b>P. O. BOX 60515 N/A/ ST. PETERSBURG FL 33784-0515 US</b>
---	--



2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-3016484</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

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

**DAVISON, WILLIAM F.  
1200 53RD STREET NORTH  
ST. PETERSBURG FL 33710**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD DAVISON, WILLIAM F.	<input type="checkbox"/>
NAME	1200 53RD STREET N.	
STREET ADDRESS	ST. PETERSBURG FL	
CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/>
NAME	DAVISON, EDNA M.	
STREET ADDRESS	1200 53RD STREET N.	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000533308		
NAME	05/06/06-80120-004 150.00		
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Edna M. Davison* **EDNA M. DAVISON** *4/24/06 (727) 527-570*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #