2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000995

Entity Name: THE FLORIDA SURETY ASSOCIATION, INC.

FILED Apr 19, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:				
2600 LUCI MAITLANE		2405 LUCIEN WAY MAITLAND, FL 32751						
Current Mailing Address:				New Mailing Address:				
2600 LUCIEN WAY SUITE 130 MAITLAND, FL 32751				2405 LUCIEN WAY MAITLAND, FL 32751				
FEI Number: 05-1584784 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of			e of Status Desired()		
Name and	Address of Ci	ırrent Registered Agent:	Na	ame and	Address of I	New Regi	stered Agent:	
ORLANDO The above	RNCREEK AVE D, FL 32803 named entity si	US ubmits this statement for the p	urpose of ch	hanging it	s registered o	office or re	gistered agent, or both,	
in the State	e of Florida.							
SIGNATUR		O: 1 5D : 1 1A				-		
Electronic Signature of Registered Agent							Date	
OFFICERS AND DIRECTORS:				DDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () CURRAN, MATTI 2600 LUCIEN W MAITLAND, FL (AY SUITE 130	Na Ad	lle: ame: ldress: ty-St-Zip:	D (X CURRAN, MAT 2405 LUCIEN V MAITLAND, FL	NAY) Addition	
Title: Name: Address: City-St-Zip:	D () I MORGAN, MONI 2600 LUCIEN W MAITLAND, FL 3	AY SUITE 130	Na Ad	ile: ame: ldress: ty-St-Zip:	D (X MORGAN, MOI 5601 MARINER TAMPA, FL 33	R ST. STE:2:		
Title: Name: Address: City-St-Zip:	DT () FULMER, JACOI 1000 LEGION PI ORLANDO, FL 3	ACE STE 1100	Na Ad	ile: ame: ldress: ty-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () I COOLBAUGH, M 2600 LUCIEN W MAITLAND, FL 3	AY SUITE 130	Na Ad	ile: ame: ldress: ty-St-Zip:	D (X COOLBAUGH, 2405 LUCIEN V MAITLAND, FL	NAY) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Na Ad	ile: ame: Idress: tv-St-Zip:	D (BATTENFIELD 200 COLONIAI LAKE MARY, F	CTR. PKW		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK A. COOLBAUGH D 04/19/2005