


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90072 037 \*\*\*150.00

<b>DOCUMENT # P00000023466</b> 1. Entity Name <b>FCCI COMMERCIAL INSURANCE COMPANY</b>					
Principal Place of Business <b>6300 UNIVERSITY PARKWAY SARASOTA, FL 34240</b>			Mailing Address <b>6300 UNIVERSITY PARKWAY SARASOTA, FL 34240</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0078381</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KOVAL, THOMAS A 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD STAFFORD, JOHN 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GETZEN, WILLIAM 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HABER, MARVIN 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP JACOBS, G.W. 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V WEBBER, DAVID 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS DOUGLAS, DEBRA 6300 UNIVERSITY PKWY SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SEE ATTACHED SHEET</b>				
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: _____		<b>G. W. Jacobs</b>		<b>4/13/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		<b>(941) 907-7605</b>	

ATTACHMENT 40052488  
#P00000023466

FCCI COMMERCIAL INSURANCE COMPANY  
FEIN: 65-0078381  
FLORIDA 2006 UNIFORM BUSINESS REPORT  
DOCUMENT # P00000023466

**#11. ADDITIONAL OFFICERS & DIRECTORS:**

TITLE: V  
NAME: JOSEPH KEENE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V/T  
NAME: CHARLES BACHAND  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

**#11. CHANGES TO OFFICERS & DIRECTORS:**

**ADD:**  
TITLE: D  
NAME: TIMOTHY CLARKE  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: CHARLES BAUMANN  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: V  
NAME: CRAIG JOHNSON  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: ROBERT FLANDERS  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240

TITLE: D  
NAME: H. RONALD FOXWORTHY  
STREET ADDRESS: 6300 UNIVERSITY PARKWAY  
CITY-ST-ZIP: SARASOTA, FL 34240