

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000033681

1. Entity Name
PROFESSIONAL UNDERWRITERS, INC.



Principal Place of Business

**1250 S BELCHER RD
SUITE 160
LARGO, FL 33771**

Mailing Address

**1250 S BELCHER RD
SUITE 160
LARGO, FL 33771**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3636112

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**OCONNOR, PATRICK M ESQ
1250 S BELCHER RD
SUITE 160
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
OCONNOR, PATRICK
1250S BELCHER RD, STE 160
LARGO, FL 33771**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**U0000003368133
01/13/06-80009-014 150.00**

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IN THIS SPACE**

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 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

Patrick M. O'Connor

1-9-06

Date

727-539-6800

Daytime Phone #