

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90209 047 ***150.00

DOCUMENT # P00000075422

1. Entity Name
FLORIDA LAWYERS INSURANCE AGENCY, INC.



Principal Place of Business
**3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817**

Mailing Address
**3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO, FL 32817**

40083478



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3679331

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMPSON, WILLIAM L JR
1590 ISLAND LANE
26
ORANGE PARK, FL 32003**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STAGG, LAWRENCE
STREET ADDRESS	P.O. BOX 32373
CITY-ST-ZIP	TAMPA, FL 336013273
TITLE	D
NAME	SONDAK, ROBERT M
STREET ADDRESS	9400 S. DADELAND BLVD., STE 600
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	DOPPELT, AVA K
STREET ADDRESS	851 MAYFIELD AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	DP
NAME	LOUCKS, WILLIAM E
STREET ADDRESS	3504 LAKE LYNDA DR, STE. 325A
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	SD
NAME	WILLIAMS, GARY
STREET ADDRESS	P.O. BOX 391
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	TD
NAME	DISQUE, PHILIP A
STREET ADDRESS	707 S.E. 3RD AVENUE, STE 400
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

**DO NOT WRITE
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 if 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

Date

Daytime Phone #

ATTACHMENT

40083478

ATTACHMENT

2007 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Insurance Agency, Inc.

Document # P00000075422

10. ADDITIONAL OFFICERS AND DIRECTORS

Title	EVP
Name	JONES, MARY F.
Address	3504 LAKE LYNDY DRIVE, STE. 325 ORLANDO, FL 32817