

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117976

FILED
Jul 02, 2004
Secretary of State

Entity Name: HOMESITE INSURANCE COMPANY OF FLORIDA

Current Principal Place of Business:

313 N MONROE ST, SUITE 200
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

313 N MONROE ST, SUITE 200
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 04-3489719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FONDRIEST, FABIAN JOHN
Address: 94 ELM ST.
City-St-Zip: CONCORD, MA 01742

Title: DS () Delete
Name: SCAVONGELLI, ANTHONY M
Address: 15 WINSLOW RD
City-St-Zip: DUXBURY, MA 02332

Title: DV () Delete
Name: VERNIERO, BENNETT C
Address: 125 ELMWOOD RD
City-St-Zip: WELLESLEY, MA 02481

Title: DT () Delete
Name: MORAHAN, JAMES T JR
Address: 14 CATON RD.
City-St-Zip: FOXBORO, MA 02035

Title: DV () Delete
Name: RIOS, MANUEL Z
Address: 20 LEWIS FARM RD.
City-St-Zip: DUXBURY, MA 02332

Title: VP () Delete
Name: SETTEL, PETER B
Address: 4 BOWSPRIT LANE
City-St-Zip: DUXBURY, MA 02332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY M. SCAVONGELLI

DS

07/02/2004

Electronic Signature of Signing Officer or Director

Date