


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000038364

1. Entity Name
JHC INSURANCE CORP.



Principal Place of Business
**1201 W. CHARTER ST.
TAMPA, FL 33602**

Mailing Address
**1201 W. CHARTER ST.
TAMPA, FL 33602**



DO NOT WRITE IN THIS SPACE

01222006 No Chg-P CR2E034 (11/05)

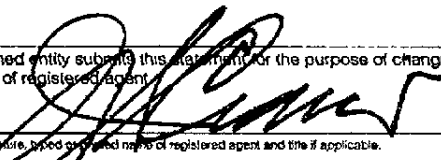
4. FEI Number 59-3725144	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CIACCIO, JOSEPH H
1201 W. CHARTER ST
TAMPA, FL 33602**

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:  DATE: **01.24.06**

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

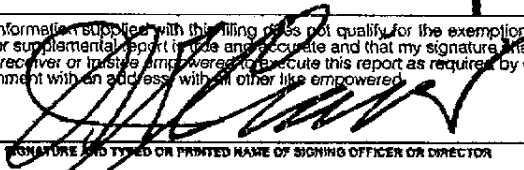
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIACCIO, JOSEPH H 1201 W. CHARTER ST. TAMPA, FL 33602
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UN0000400554
02/02/06-80008-020 150.00

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:  DATE: **01.24.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #