

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000075570

1. Entity Name  
BUSINESS INSURANCE GROUP, INC.



Principal Place of Business  
7247 BRYAN DAIRY RD  
LARGO, FL 33777

Mailing Address  
7247 BRYAN DAIRY RD  
LARGO, FL 33777

FILED

05 FEB 24 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number  
01-0733977

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, ELIZABETH A  
7247 BRYAN DAIRY RD  
LARGO, FL 33777

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | TAYLOR, ELIZABETH A |
| STREET ADDRESS | 7247 BRYAN DAIRY RD |
| CITY-ST-ZIP    | LARGO, FL 33777     |
| TITLE          | D                   |
| NAME           | BEASLEY, DOLORES M  |
| STREET ADDRESS | 7247 BRYAN DAIRY RD |
| CITY-ST-ZIP    | LARGO, FL 33777     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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03/08/05--01007--006 \*\*158.75

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Elizabeth A. Taylor ELIZABETH A. TAYLOR

2-19-2005 727-729-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #