

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90021 036 ***150.00

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01192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000003290					
1. Entity Name FLORIDA PREFERRED PROPERTY INSURANCE COMPANY					
Principal Place of Business TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602			Mailing Address TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 16-1641087	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDER, JAN J 511 W. BAY STREET SUITE 400 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name MEDER, JAN J. Street Address (P.O. Box Number is Not Acceptable) 302 KNIGHTS RUN AVENUE, STE. 700 City TAMPA, FL Zip Code 33602		
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: <u>JAN J. MEDER</u> 2/3/2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WURDEMAN, JAMES E 11227 BLOOMINGTON TAMPA, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/P/D 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POE, WILLIAM F JR 206 LOCUST DR. BRANDON, FL 33511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEDER, JAN J 12213 WOOD DUCK PLACE TEMPLE TERRACE, FL 33617 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/CFO 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEREN P 68 LADOGA TAMPA, FL 33511 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSKIS, MARILYN POE 8 BAHAMA CIRCLE TAMPA, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, JANICE POE 119 HICKORY CREEK BLVD. BRANDON, FL 33606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>JAN J. MEDER</u> 2/3/2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			CFO 813-259-4004 <small>Date Daytime Phone #</small>		
JAN J. MEDER					

Attachment

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FLORIDA PREFERRED PROPERTY INSURANCE COMPANY
2004 UNIFORM BUSINESS REPORT
DOCUMENT # P03000003290
FEI NUMBER: 16-1641087

CHANGES:

SRVP/D
POE, CHARLES E.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

D
POE, WILLIAM F. SR.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

D
KRZESINSKI, THOMAS S.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602