


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90128 043 \*\*\*150.00

<b>DOCUMENT # P03000027195</b> 1. Entity Name INVESTORS SPECIALTY INSURANCE, INC.	
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Principal Place of Business ONE PURLIEU PLACE, SUITE 210 WINTER PARK, FL 32792	Mailing Address ONE PURLIEU PLACE, SUITE 210 WINTER PARK, FL 32792
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**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4244213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSELLO, JR., THOMAS  
ONE PURLIEU PLACE, SUITE 210  
WINTER PARK, FL 32792

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSSELLO, THOMAS ONE PURLIEU PLACE, SUITE 210 WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRETT, JOHN E ONE PURLIEU PLACE, SUITE 210 WINTER PARK, FL 32792
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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 information.

**SIGNATURE:**  **Thomas Rosello, Jr.** 3-15-06 407-657-6547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #