

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075123

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: OLD BRIDGE INSURANCE, INC.

## Current Principal Place of Business:

814 A1A NORTH  
SUITE 200  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

814 A1A NORTH  
SUITE 200  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-0105723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CFRA, LLC  
CORPORATE CENTER 3 AT INTL PLAZA  
4221 W. BOY SCOUT BOULEVARD  
TAMPA, FL 33607 US

## New Principal Place of Business:

45 WEST TOWN PLACE  
SUITE 210  
ST.AUGUSTINE, FL 32092 US

## New Mailing Address:

475 WEST TOWN PLACE  
SUITE 210  
=ST. AUGUSTINE, FL 32092 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: NORMAN, MICHAEL H  
Address: 814 A1A NORTH, SUITE 200  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: DTS ( ) Delete  
Name: ERVIN, RICHARD L JR.  
Address: 814 A1A NORTH, SUITE 200  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: ROGAN, JOHN E  
Address: 814 A1A NORTH, SUITE 200  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: NORMAN, MICHAEL H  
Address: 475 WEST TOWN PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: DTS (X) Change ( ) Addition  
Name: ERVIN, RICHARD L JR.  
Address: 475 WEST TOWN PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D (X) Change ( ) Addition  
Name: ROGAN, JOHN E  
Address: 475 WEST TOWN PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RICHARD L. ERVIN

TS

04/25/2006

Electronic Signature of Signing Officer or Director

Date