

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008932

FILED  
Feb 06, 2007  
Secretary of State

Entity Name: TOWER HILL PREFERRED INSURANCE COMPANY

**Current Principal Place of Business:**

7201 N.W. 11TH PLACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

7201 N.W. 11TH PLACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

FEI Number: 56-1543230      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: DCEO ( ) Delete  
Name: SHIVELY, WILLIAM J  
Address: 608 SW 97TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: PCOO ( ) Delete  
Name: THOMASSON, PHILLIP M  
Address: 3857 SW 93RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: DVPS ( ) Delete  
Name: MATZ, DONALD C JR  
Address: 10357 SW 61ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: DT ( ) Delete  
Name: SHEEKEY, BRIAN T  
Address: 8817 SW 61ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DPCO (X) Change ( ) Addition  
Name: THOMASSON, PHILLIP M  
Address: 3857 SW 93RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CURRAN, JOEL P  
Address: 4007 S.W. 93RD. DR.  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Change (X) Addition  
Name: BENSON, KEYTON  
Address: 5814 S.W. 89TH TERR.  
City-St-Zip: GAINESVILLE, FL 32608

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: WILLIAM J. SHIVELY

CEO

02/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date