

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000056896

1. Entity Name
BONDED BUILDERS INSURANCE SERVICES, INC.



FILED

2008 FEB 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST PETERSBURG, FL 33716

Mailing Address
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST PETERSBURG, FL 33716

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02042008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0960333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAIRE, NANCY C
11101 ROOSEVELT BLVD. N.
4TH FLOOR, LEGAL DEPT.
ST PETERSBURG, FL 33716

7. Name and Address of New Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
c/o C T Corporation System

1200 South Pine Island Road

City Plantation FL Zip Code 33324

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 Connie Bryan **CONNIE BRYAN** **SPECIAL ASSISTANT SECRETARY** 02/29/08--0100-007 ***150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIO, SHARON M	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HAIRE, NANCY C	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	TRUDEL, STEPHANIE	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JOHN T	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Hoffman, Gregory L.
STREET ADDRESS	11101 Roosevelt Blvd. N.
CITY-ST-ZIP	St. Petersburg, Florida 33716

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 empowered.

SIGNATURE: Nancy C. Haire **Nancy C. Haire, Asst. Secretary** 2/8/2008 727-823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BONDED BUILDERS INSURANCE SERVICES, INC.

Exhibit to 2008 Annual Corporation Report

V	Richard G. Torra	11101 Roosevelt Blvd N	St. Petersburg, FL 33716
AVP	Mark E. Winkler	11101 Roosevelt Blvd N	St. Petersburg, FL 33716