

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059282

FILED  
May 03, 2006  
Secretary of State

Entity Name: FLORIDA PENINSULA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

621 NW 53 ST  
125  
BOCA RATON, FL 334878236 US

**New Principal Place of Business:**

**Current Mailing Address:**

621 NW 53 ST  
125  
BOCA RATON, FL 334878236 US

**New Mailing Address:**

FEI Number: 20-1567845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIULIANTI, STACEY A ESQ  
621 NW 53 ST  
STE 125  
BOCA RATON, FL 334878236 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P, T ( ) Delete  
Name: STRAUCH, CLINT  
Address: 3380 N. 41 CT  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP S ( ) Delete  
Name: GIULIANTI, STACEY A ESQ.  
Address: 621 NW 53 ST, SUITE 125  
City-St-Zip: BOCA RATON, FL 334878236 US

Title: D ( ) Delete  
Name: ADKINS, PAUL  
Address: 18743 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33496 US

Title: D ( ) Delete  
Name: CANTOR, GARY  
Address: 7 OCEAN HARBOUR CIRCLE  
City-St-Zip: OCEAN RIDGE, FL 33435 US

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

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

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

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

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

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: STACEY A. GIULIANTI, ESQ.

MR.

05/03/2006

Electronic Signature of Signing Officer or Director

Date