

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000146036 1. Entity Name ZURICH INSURANCE BROKERAGE SERVICES OF FLORIDA, INC.	
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FILED
05 JUL 11 PM 3: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5011 GATE PKWY - STE 150 JACKSONVILLE, FL 32256	Mailing Address 5011 GATE PKWY - STE 150 JACKSONVILLE, FL 32256
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	06272005 Chg-P CR2E034 (10/03)
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City & State	City & State	4. FEI Number 59-3716329
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 50 N LAURA ST STE 2900 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.	400057719814 07/20/05--01055--016 **\$1.25
SIGNATURE _____	DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DC	<input checked="" type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRANOVA, ROBERT J			NAME	Robert J. Castranova		
STREET ADDRESS	5011 GATE PKWY - STE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	S	<input type="checkbox"/> Delete		TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EMANS, CHRIS			NAME	Thomas F. Petway, III		
STREET ADDRESS	5011 GATE PKWY - STE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	D/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWARD, G. ALAN HOWARD			NAME	THOMAS F. PETWAY, IV		
STREET ADDRESS	5011 GATE PKWY - STE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASTRANOVA, ROBERT J			NAME	LEE A. FERGUSON		
STREET ADDRESS	5011 GATE PKWY, SUITE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EMANS, CHRIS			NAME	JEFFREY M. BENSON		
STREET ADDRESS	5011 GATE PKWY, SUITE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWARD, ALAN G			NAME	LAURA MITCHELL		
STREET ADDRESS	5011 GATE PKWY, SUITE 150			STREET ADDRESS	5011 GATE PARKWAY - STE 150		
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like empowered.	
SIGNATURE: _____	Date: 07/06/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #: 904 858-2963