

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146036

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: USASSURE INSURANCE SERVICES OF FLORIDA, INC.

**Current Principal Place of Business:**

5011 GATE PKWY - STE 150  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

5011 GATE PKWY - STE 150  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-3716329      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MILAM HOWARD NICANDRI DEES & GILLAM, P.A.  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202      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: CASTRANOVA, ROBERT J  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

Title: S ( ) Delete  
Name: EMANS, CHRISTOPHER F  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

Title: AVP ( ) Delete  
Name: BENSON, JEFFREY M  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DC ( ) Delete  
Name: PETWAY, THOMAS F III  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DCEO ( ) Delete  
Name: PETWAY, THOMAS D IV  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

Title: AVP ( ) Delete  
Name: MITCHELL, LAURA  
Address: 5011 GATE PKWY, SUITE 150  
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: DP (X) Change ( ) Addition  
Name: PEETERS, STEVEN J  
Address: 5011 GATE PKWY - STE 150  
City-St-Zip: JACKSONVILLE, FL 32256

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER F. EMANS

S

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date