2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000154053



FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90504 020 ***150.00

1. Entity Name FLORIDIAN FIRE & CASUALTY HOLDINGS, INC.					73-02-2003 90	JJ04 020	130.0	
Principal Place of Business 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 US	Mailing Address 200 COLONIAL CENTER PARKWAY SUITE 100 LAKE MARY, FL 32746 US			والأوا للأوال المالة الأوا	Ö 1 IFRAL FURL SIR	n seiti siist iii	7881 (1 1 7 8)	
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04212005	005 Chg-P CR2E034 (10/03)			
City & State	City & State			4. FEI Number Applied For Not Applicable				
Zip Country	Zip	Count	ry	5. Certificate of	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			N	7. Name and	Address of New R	legistered A	gent	
VENDITTELLI, LOUIS V ESQ. 200 COLONIAL CENTER PARKWAY SUITE 100		Į	Name					
			Street Address (P.O. Box Number is Not Acceptable)					
LAKE MARY, FL 32746					1.11=10		1	
			City			FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or primed name or registered agent	mic use a appacable. (NO)	E: Pegestered	Agent signature required	when recessorig)		DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be ed to Fees				
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME KING, WILLIS T JR. STREET ADDRESS 200 COLONIAL CENTER PARKWAY SUITE 100 ST							☐ Change	☐ Addition
TITLE DCEO	☐ Delete	TITLE					☐ Change	Addition
	PORTER, LANIER M		ET ADDRESS					
			ST-ZIP					
TITLE DPS	= 1 = 0 Color				••••		☐ Change	☐ Addition
NAME PORTER, LEMAN M STREET ADDRESS 200 COLONIAL CENTER PARKS								
CITY-ST-ZIP LAKE MARY, FL 32746								
TITLE DT	☐ Delete	IIITE		•			☐ Change	Addition
NAME WILLIAMS, DWAYNE R	· ·							
l			et address St-zip					
TITLE	☐ Delete	TITLE					☐ Change	Addition
NAME		NAME	1				-	
STREET ADDRESS CITY-S1-ZIP		***	et adoress est-zip					i
TITLE	Delete	IIITE					Change	☐ Addition
NAME CTREET ADDRESS		NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			ST-ZIP					
12. I hereby certify that the information supplied with								