

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161062

FILED
Jan 08, 2007
Secretary of State

Entity Name: SOUTHERN OAK INSURANCE COMPANY

Current Principal Place of Business:

76 S. LAURA ST., STE 1702
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

76 S. LAURA ST., STE 1702
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 02-0733996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EAST GAINES ST.
TALLAHASSEE, FL 32314 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: PD () Delete
Name: LOUGHMAN, TONY A
Address: 189 OCEANS EDGE DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VD () Delete
Name: NATHERSON, RONALD E JR.
Address: 13113 QUINCY BAY DR.
City-St-Zip: JACKSONVILLE, FL 32224

Title: CTD () Delete
Name: PAJCIC, STEPHEN J III
Address: 1917 MONTGOMERY PLACE
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: PAJCIC, GARY C
Address: 4937 DIXIE LANDING DR.
City-St-Zip: JACKSONVILLE, FL 33324

Title: D (X) Delete
Name: PAJCIC, ANNE K
Address: 1917 MONTGOMERY PLACE
City-St-Zip: JACKSONVILLE, FL 32205

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: D (X) Change () Addition
Name: PAJCIC, ANNE K
Address: 1917 MONTGOMERY PLACE
City-St-Zip: JACKSONVILLE, FL 32205

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: TONY LOUGHMAN

PD

01/08/2007

Electronic Signature of Signing Officer or Director

Date