

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028259

Entity Name: SUNZ INSURANCE COMPANY

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

100 2ND AVE NORTH
SUITE 300
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

100 2ND AVE NORTH
SUITE 300
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 54-2166947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
P.O. BOX 6200
TALLAHASSEE, FL 32399 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: D () Delete
Name: LILAK, DOUGLAS F
Address: 3517 LITTLE COUNTRY ROAD
City-St-Zip: PARRISH, FL 34219

Title: D (X) Delete
Name: ELMER, SHELLI A
Address: 819 WHOOPING CRANE CT
City-St-Zip: BRADENTON, FL 34212

Title: D () Delete
Name: OSWALD, SAMUEL D
Address: 1009 RIDGECREST ROAD
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: BRANCH, GREGORY C
Address: 1255 S.E. 11TH AVENUE
City-St-Zip: OCALA, FL 33478

Title: D () Delete
Name: CRAWLEY, HUGO E
Address: LAMBOURNE LANE, MILLAND LIPHOOK HANTS
City-St-Zip: LONDON, UK GU30 7ND UK

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:

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: SAMUEL D. OSWALD

D

04/25/2008

Electronic Signature of Signing Officer or Director

_____ Date