

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047270

FILED
May 03, 2006
Secretary of State

Entity Name: FLORIDA PENINSULA INSURANCE COMPANY

Current Principal Place of Business:

621 NW 53RD STREET
SUITE 135
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

621 NW 53RD STREET
SUITE 135
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-2610293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
PO BOX 6200
200 GAINES ST.
TALLAHASSEE, FL 323146200 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DESJADON, ROGER L
Address: 6 TERHUNE CT
City-St-Zip: FRANKLIN PARK, NJ 08823

Title: COOD () Delete
Name: STRAUCH, CLINT B
Address: 3380 N 41 CT
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: GIULANTI, STACEY A ESQ
Address: 3325 WATER OAK STREET
City-St-Zip: FT LAUDERDALE, FL 33312

Title: T () Delete
Name: LATTANZIO, FRANCIS J
Address: 85 FARMCLIFF DR
City-St-Zip: GLASTONBURY, CT

Title: D () Delete
Name: CANTOR, GARY
Address: 7 OCEAN HARBOUR CIRCLE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: C () Delete
Name: ADKINS, PAUL
Address: 18743 LONG LAKE DR
City-St-Zip: BOCA RATON, FL 33496

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:

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: STACEY A. GIULANTI, ESQ.

MR.

05/03/2006

Electronic Signature of Signing Officer or Director

Date