

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047270

Entity Name: FLORIDA PENINSULA INSURANCE COMPANY

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

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

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

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

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

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

**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 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.

Electronic Signature of Signing Officer or Director

SEC

04/21/2008

Date