

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057238

FILED
May 14, 2007
Secretary of State

Entity Name: FLORIDA COMMERCIAL INSURANCE INC.,

Current Principal Place of Business:

1401 SW 21 LANE
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

1401 SW 21 LANE
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 86-1138868 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARBA, THOMAS A III
1401 SW 21 LANE
BOCA RATON, FL 33486 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: P,S, () Delete
Name: BARBA, THOMAS A III
Address: 1401 SW 21 LANE
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: THOMAS A BARBA III

P,S

05/14/2007

Electronic Signature of Signing Officer or Director

Date