

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000059260

1. Entity Name
SAFE HARBOUR UNDERWRITERS, INC.



Principal Place of Business
805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702 US

Mailing Address
805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702 US



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2740857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILKEY, KEVIN R
805 EXECUTIVE CENTER DRIVE WEST
SUITE 300
ST. PETERSBURG, FL 33702

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE C
NAME AUER, JOHN F
STREET ADDRESS 2143 BAYOU GRANDE BLVD. NE
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE DTS
NAME MILKEY, KEVIN R
STREET ADDRESS 605 14TH AVENUE NE
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE PD
NAME DOLLAR, BOBBY C
STREET ADDRESS 3709 SMOKE HICKORY LANE
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/26/07-80009-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/07

727-821-8765 x202