

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 23 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # P05000068406

1. Entity Name
PHOENIX INTERNATIONAL INSURANCE SERVICES
COMPANY



Principal Place of Business
7313 INTERNATIONAL PLACE SUITE 110
SARASOTA, FL 34240

Mailing Address
7313 INTERNATIONAL PLACE SUITE 110
SARASOTA, FL 34240

2. Principal Place of Business - No P.O. Box #
215 S. Monroe St.

3. Mailing Address
215 S. Monroe St.

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32301

Country
US

Zip
32301

Country
US

04172007 Chg-P CR2E034 (12/06)



4. FEI Number
20-2750355

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
NEFF, RAYMOND M
7313 INTERNATIONAL PLACE SUITE 110
SARASOTA, FL 34240

7. Name and Address of New Registered Agent
Name
Steve Malono
Street Address (P.O. Box Number is Not Acceptable)
215 S. Monroe St., 2nd Floor
City
Tallahassee FL Zip Code
32301

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]* DATE *4/18/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

600098564146
04/25/07--01022--024 **\$150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, WILBUR L 328 EL VEDADO ROAD PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NEFF, RAYMOND M 1111 GULF STREAM AVE., STE 15E SARASOTA, FL 34206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pamela K. Wilson 600 Lexington Avenue New York, New York 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GIBBONS, MICHAEL J 7 TIDEWAY LANE SARASOTA, FL 34206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ARASKOG, RANDOLPH V 320 EL VEDADO ROAD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glenn Jackson 5420 Millstream Rd., Suit 200 McLeansville, NC 27301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PEISO, JOSEPH R 5025 MARSHFIELD ROAD SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GAINES, STANLEY N 1446 N. OCEAN BLVD. PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendy L. Teramoto 600 Lexington Ave. NY, NY 10022

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: *Pamela K Wilson, Secretary* DATE: *4/18/07* DAYTIME PHONE: *212 826 2046*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR