

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119095

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: COMMUNITY IMPERIAL INSURANCE, INC.

## Current Principal Place of Business:

571 NEOPOLITAN LANE  
NAPLES, FL 34103

## New Principal Place of Business:

6210 TRAIL BLVD  
NAPLES, FL 34108

## Current Mailing Address:

571 NEOPOLITAN LANE  
NAPLES, FL 34103

## New Mailing Address:

6210 TRAIL BLVD  
NAPLES, FL 34108

FEI Number: 20-3375529

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODLETTE, COLEMAN & JOHNSON, P.A.  
4001 TAMiami TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SPROUSE, DONALD C  
Address: 571 NEOPOLITAN LANE  
City-St-Zip: NAPLES, FL 34103

Title: VSD ( ) Delete  
Name: STUCK, JEFFRY H  
Address: 1521 COVINGTON CIRCLE EAST  
City-St-Zip: FORT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VSD (X) Change ( ) Addition  
Name: STUEK, JEFFRY H  
Address: 1521 COVINGTON CIRCLE EAST  
City-St-Zip: FORT MYERS, FL 33919

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: JEFFRY H STUEK

VSD

04/10/2006

Electronic Signature of Signing Officer or Director

Date