

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005227

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** COMMONWEALTH INSURANCE OF SEMINOLE, INC.

**Current Principal Place of Business:**

9170 OAKHURST ROAD  
UNIT 4  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

9170 OAKHURST ROAD  
UNIT 4  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 20-4115783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARNIER, EDWARD P JR  
8436 MONARCH CIRCLE  
SEMINOLE, FL 33772 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: P ( ) Delete  
Name: GARNIER, EDWARD P JR  
Address: 8436 MONARCH CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

Title: S/T ( ) Delete  
Name: GARNIER, CHRISTINE C  
Address: 8436 MONARCH CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: GARNIER, EDWARD J  
Address: 8436 MONARCH CIRCLE  
City-St-Zip: SEMINOLE, FL 33772 US

**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:

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: E P GARNIER

PRES

01/03/2008

Electronic Signature of Signing Officer or Director

Date