

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000035173

FILED
Mar 26, 2008
Secretary of State

Entity Name: NAVIGATOR REINSURANCE SERVICES, INC

Current Principal Place of Business:

997 SLEEPING ROCK CT.
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

997 SLEEPING ROCK CT.
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-8686264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGUNDER, KARL A.
1490 SWANSON DR., STE. 200
OVIEDO, FL 32765 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. () Change (X) Addition
Name: JONATHAN, WILLIAM LEE
Address: 997 SLEEPING ROCK CT.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MRS. () Change (X) Addition
Name: SYLVIA, PATRICIA LEE
Address: 997 SLEEPING ROCK CT.
City-St-Zip: WINTER SPRINGS, FL 32708

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: JON W. LEE

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date