

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045957

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: ATLANTIC SPECIALTY INSURANCE BROKERS, INC.

## Current Principal Place of Business:

8996 SE BRIDGE ROAD  
HOBE SOUND, FL 33455 US

## New Principal Place of Business:

## Current Mailing Address:

8996 SE BRIDGE ROAD  
HOBE SOUND, FL 33455 US

## New Mailing Address:

P O BOX 155  
PT SALERNO, FL 34997 US

FEI Number: 26-2277570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRITOS, FEDERICO A  
8057 STIRRUP CAY CT  
BOYNTON BEACH, FL 33436 US

## Name and Address of New Registered Agent:

MCCULLOUGH, TIMOTHY J  
4099 S E CENTERBOARD LN  
STUART, FL 34997 US

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: TIMOTHY J MCCULLOUGH

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRITOS, FEDERICO A  
Address: 8057 STIRRUP CAY CT  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D ( ) Delete  
Name: MCCULLOUGH, SALLY V  
Address: 8057 STIRRUP CAY CY  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D ( ) Delete  
Name: REFFNER, RICHARD  
Address: 850 2ND. STREET #317  
City-St-Zip: SANTA MONICA, CA 90403 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: TIMOTHY J MCCULLOUGH

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date