

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000054345

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN SPECIALTY INSURANCE GROUP INC

**Current Principal Place of Business:**

3111 45TH ST.  
2  
WEST PALM BEACH, FL 33435

**New Principal Place of Business:**

3111 45TH ST.  
2  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

3111 45TH ST.  
2  
WEST PALM BEACH, FL 33435

**New Mailing Address:**

3111 45TH ST.  
2  
WEST PALM BEACH, FL 33407

**FEI Number:** 26-2737813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMONEY, BRIAN  
3111 45TH ST.  
2  
WEST PALM BEACH, FL 33435 US

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

TAMONEY, BRIAN  
3111 45TH ST.  
2  
WEST PALM BEACH, FL 33407 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: BRIAN TAMONEY

01/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAMONEY, HUGH  
Address: 3111 45 STREET #2  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P  
Name: WAHL GRUBB, SHELAGH  
Address: 3111 45 STREET #2  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: SHELAGH WAHL-GRUBB

P

01/06/2012

Electronic Signature of Signing Officer or Director

Date