
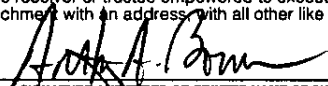


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90114 022 ***150.00

DOCUMENT # P17287 1. Entity Name THE MEDICAL PROTECTIVE COMPANY					
Principal Place of Business 5814 REED ROAD FORT WAYNE, IN 46835				Mailing Address 5814 REED ROAD FORT WAYNE, IN 46835	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITCRAFT, JOEL D 2211 KERRIGANS WAY FT WAYNE, IN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anthony A. Bowser 2108 Stonebriar Road Fort Wayne, IN 46804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEINEMEYER, TRENT C 7808 INVERNESS GLENS DRIVE FORT WAYNE, IN 46804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENESEY, TIMOTHY J 533 CHESTNUT FOREST COVE FORT WAYNE, IN 46814		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SVITEK, JOSEPH A 12229 MCKAY'S POINT ROAD FORT WAYNE, IN 46804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDRIGAN, DANIEL J 13810 REDDING ROAD FORT WAYNE, IN 46804		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTHOUR, MARK T 10501 HAVERFORD PLACE FORT WAYNE, IN 468355		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		Anthony A. Bowser		02/16/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		260-485-9622 <small>Daytime Phone #</small>	

40023835



02082006 Chg-P CR2E034 (11/05)

4. FEI Number
35-0506406

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**