


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

06-09-2008 90002 020 \*\*\*950.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P26478</b><br>1. Entity Name<br>CAPITAL CITY INSURANCE COMPANY, INC.   |   |   |  |  |  |
| Principal Place of Business<br>3850 FERNANDINA COURT<br>COLUMBIA, SC 29210   |   |   | Mailing Address<br>PO BOX 212157<br>COLUMBIA, SC 29221-2157  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>3850 Fernandina Road   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |   |  |
| City & State   |   | City & State  |  |   |  |
| Zip  | Country   | Zip   | Country  | 4. FEI Number<br>57-0810811   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   |   |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>NRAI SERVICES, INC.<br>NRAI SRVS., INC<br>2731 EXECUTIVE PARK DR STE 4<br>WESTON, FL 33331  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | C<br>DAVIS, HINTON G.<br>2006 SALEM CHURCH RD<br>IRMO, SC 29063       | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SEIBERT, JOHN F<br>1252 MORNING SHORE DR.<br>LEXINGTON, SC 29072 | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FRYER, MARK E<br>411 NAUTICAL CT<br>CHAPIN, SC 29036             | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ECTON, JOHN A<br>355 CONRAD CIRCLE<br>COLUMBIA, SC 29212         | <input checked="" type="checkbox"/> Delete  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>GRINDSTAFF, JACK F<br>106 WILKSHIRE DR.<br>COLUMBIA, SC 29210    | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>NAUGHTER, PATRICK M<br>102 GLENEAGLE CIRCLE<br>IRMO, SC 29063   | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>Seibert John F<br>1252 Morning Shore Dr<br>Lexington SC 29072   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Fryer, Mark E.<br>411 Nautical Ct<br>Chapin SC 29036                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                    |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Allonier James M<br>424 Lookover Pointe Dr<br>Chapin SC 29036         | <input type="checkbox"/> Change <input checked="" 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. |   |   |  |   |  |
| <b>SIGNATURE:</b> _____ <b>John F. Seibert</b> <b>5/21/08</b> <b>803-731-7728</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |