

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000009469

FILED
Jan 13, 2006
Secretary of State

Entity Name: SPACE COAST UNDERWRITERS INSURANCE AGENCY, INC.

Current Principal Place of Business:

100 RIALTO PLACE
SUITE 450
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE
SUITE 450
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-3167141 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DP () Delete
Name: CRESCIO, JOSEPH P
Address: 100 RIALTO PL SUITE 450
City-St-Zip: MELBOURNE, FL 32901

Title: TREA () Delete
Name: BILLINGS, SCOTT K
Address: 4450 SOJOURN DRIVE, SUITE 500
City-St-Zip: ADDISON, TX 75001

Title: SEC () Delete
Name: SNYDER, DAVID B
Address: 4450 SOJOURN DRIVE, SUITE 500
City-St-Zip: ADDISON, TX 75001

Title: VP () Delete
Name: ADAMS, NANCY L
Address: 100 RIALTO PL SUITE 450
City-St-Zip: MELBOURNE, FL 32901

Title: VP () Delete
Name: PAULSEN, WILLIAM V
Address: 100 RIALTO PL SUITE 450
City-St-Zip: MELBOURNE, FL 32901

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:

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 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: DAVID B. SNYDER

SEC

01/13/2006

Electronic Signature of Signing Officer or Director

_____ Date