

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APR.  
AN.  
FILED

06 JUL -3 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000009469**

1. Entity Name  
**AFFIRMATIVE INSURANCE SERVICES OF FLORIDA, INC.**



Principal Place of Business  
**100 RIALTO PLACE  
SUITE 450  
MELBOURNE, FL 32901 US**

Mailing Address  
**100 RIALTO PLACE  
SUITE 450  
MELBOURNE, FL 32901 US**

2. Principal Place of Business  
**4450 Sojourn Drive  
Suite, Apt. #, etc.  
Suite 500  
City & State  
Addison, TX  
Zip  
75001  
Country  
U.S.**

3. Mailing Address  
**4450 Sojourn Drive  
Suite, Apt. #, etc.  
Suite 500  
City & State  
Addison, TX  
Zip  
75001  
Country  
U.S.**



06282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3167141**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**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 300077180629  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 07/07/06--01051--011 \*\*70.00

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	DP CRESCIO, JOSEPH P 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP M. Sean McPadden 4450 Sojourn Drive, Ste 500 Addison, TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BILLINGS, SCOTT K 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer V. Van Vaughan 4450 Sojourn Drive, Ste 500 Addison, TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SNYDER, DAVID B 4450 SOJOURN DRIVE, SUITE 500 ADDISON, TX 75001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, NANCY L 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / VP Mark E. Pape 4450 Sojourn Drive, Ste 500 Addison, TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULSEN, WILLIAM V 100 RIALTO PL SUITE 450 MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Katherine C. Nolan 4450 Sojourn Drive, Ste 500 Addison, TX 75001 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 info empowered.

SIGNATURE: (972) 128-6359  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #