

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049371

Entity Name: FLORIDA INSURANCE, INC.

FILED  
Jan 13, 2006  
Secretary of State

## Current Principal Place of Business:

800 NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

## Current Mailing Address:

800 NORTH BELCHER ROAD  
CLEARWATER, FL 33765 US

## New Principal Place of Business:

1460 BELTREES STREET  
#11  
DUNEDIN, FL 34698 US

## New Mailing Address:

1460 BELTREES STREET  
#11  
DUNEDIN, FL 34698 US

FEI Number: 65-0418043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TINGIRIDES, STAVROS  
804 NORTH BELCHER ROAD  
SUITE 100  
CLEARWATER, FL 33765 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: VD ( ) Delete  
Name: CUGLIETTA, GERARD J  
Address: 800 NORTH BELCHER ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: PSTD ( ) Delete  
Name: SCHIRMER, MATTHEW J  
Address: 800 NORTH BELCHER ROAD  
City-St-Zip: CLEARWATER, FL 33765 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CUGLIETTA, GERARD J  
Address: 1460 BELTREES STREET, #11  
City-St-Zip: DUNEDIN, FL 34698 US

Title: VD (X) Change ( ) Addition  
Name: ALBANO, ANTHONY A  
Address: 1460 BELTREES STREET, #11  
City-St-Zip: DUNEDIN, FL 34698 US

Title: D ( ) Change (X) Addition  
Name: SCHIRMER, MATTHEW J  
Address: 1460 BELTREES STREET, #11  
City-St-Zip: DUNEDIN, FL 34698

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: MATTHEW J. SCHIRMER

D

01/13/2006

Electronic Signature of Signing Officer or Director

Date