

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG 24 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064930

1. Entity Name
CUMBERLAND CASUALTY & SURETY COMPANY



Principal Place of Business
4311 WEST WATERS, SUITE 501
TAMPA, FL 33614

Mailing Address
4311 WEST WATERS, SUITE 501
TAMPA, FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07292004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-2859008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, FRANCIS M	
STREET ADDRESS	ISLAND WALK 858 NORMANDY TRACE, #11-858	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH MICHAEL	
STREET ADDRESS	4311 W. WATERS AVE., SUITE 401	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMON, JOHN VICTOR	
STREET ADDRESS	2614 PARKLAND BLVD.	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BLACK, CAROL S	
STREET ADDRESS	4311 W. WATERS AVE., STE 401	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Deputy Receiver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Johnson	
STREET ADDRESS	2020 Capital Circle SE Ste 310	
CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	Special Deputy Receiver	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Svaldi	
STREET ADDRESS	4311 West Waters Ste 4	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael Svaldi MICHAEL SVALDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/2004 (366) 173-3615
Date Daytime Phone #