

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000064930

1. Entity Name  
CUMBERLAND CASUALTY & SURETY COMPANY



Principal Place of Business  
4311 WEST WATERS, SUITE 401  
TAMPA, FL 33614

Mailing Address  
4311 WEST WATERS, SUITE 401  
TAMPA, FL 33614



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DR
NAME	JOHNSON, WAYNE
STREET ADDRESS	2020 CAPITAL CIRCLE SE, SUITE 310
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	SDP
NAME	SVALDI, MICHAEL
STREET ADDRESS	4311 WEST WATERS
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000786826  
01/17/08-80059-001-150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: Michael Svaldi (MICHAEL SVALDI) January 16, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #