

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90046 018 ***150.00

DOCUMENT # P95000071645	
1. Entity Name FFVA MUTUAL INSURANCE CO.	

Principal Place of Business 800 TRAFALGAR CT STE 200 MAITLAND, FL 32751	Mailing Address P.O. BOX 140155 ORLANDO, FL 32814-0155 US
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50030460



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 948239 Suite, Apt. #, etc.
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03152005 Chg-P CR2E034 (10/03)

City & State Maitland, FL	City & State Maitland, FL	4. FEI Number 59-6828087	Applied For ☐ Not Applicable
Zip 32794	Country USA	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAIR, ALAN 800 TRAFALGAR CT STE 200 MAITLAND, FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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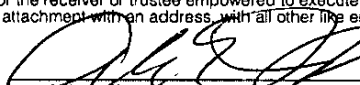
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROE, MORGAN H 500 AVE R SW WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LESLIE III 400 EAGLE LOOP ROAD WINTER HAVEN, FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, GLENN R. 1807 MORNINGSIDE DRIVE MT. DORA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAIR, ALAN E 4401 EAST COLONIAL DRIVE ORLANDO, FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 800 Trafalgar Court, Suite 200 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, FRANK 6245 CR 13 SOUTH HASTINGS, FL 32145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARLLEE, PETER JR 2308 HWY 301 NO. PALMETTO, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **Alan E. Hair** **March 16, 2005** (321) 214-5300
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #