2006 FOR PROFIT CORPORATION

FILED Feb 28, 2006 8:00 am Secretary of State

ANNOAL KEFORT								•			
DOCUMENT # P95000093 1. Entity Name AEQUICAP INSURANCE AGENCY, I							02-28-2006	5 9001 6 011	***150	0.00	
Principal Place of Business 3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309			Mailing Address 3000 W CYPRESS CREEK FT. LAUDERDALE, FL 33					Bin Ben (2008)) 0 0 5 4 	10El 11 (PA)	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022006	Chg-P	CR2E034	§ (11/05)		
City & State			City & State			4. FEI Numbe 65-0626				plied For t Applicable	
İ	Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add		
ŀ		6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered Ag	ent		
IONES MATTHEM I ESO:					Name						
JONES, MATTHEW T ESQ' 3000 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309				Street A	Street Address (P.O. Box Number is Not Acceptable)						
ŀ	T. B.ODE	ND/ILL, I'L 00000									
					City FL Zip Code						
Ì		named entity submits this statement for ons of registered agent.	r register	ed agent, or bot	h, in the State of F	Florida. I am fai	niliar with,	and accept			
l	ŞIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)		DATE			
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	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee, will be \$550.0	9. Election Campaig Trust Fund Contril			.00 May Be ed to Fees					
ł	10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND D	IRECTOR:	S IN 11	
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Į	NAME	MORGAMAN, PHILIP E		NAME	l						
İ	STREET ADDRESS :	3000 W CYPRESS CREEK RD FT. LAUDERDALE, FL 33309		STREET ADDRESS CITY-ST-ZIP							
ŀ	TITLE	DP	Delete	TITLE	O				Change	Addition	
l	NAME	STEPHENSON, MARK	C Delete	NAME				•			
Ì	STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS							
ļ	CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP	<u> </u>						
l	TITLE NAME	D NICHOLS, NEAL	☐ Delete	TITLE NAME * -	ŀ			l	Change	☐ Addition	
l	STREET ADDRESS	3251 WASHINGTON BLVD		STREET ADDRESS							
	CITY-ST-ZIP	ARLINGTON, VA 22201		CITY-ST-ZIP							
	TITLE	D	☐ Delete	TITLE					Change	☐ Addition	
l	NAME	MORGAMAN, JUSTIN		NAME STREET ADDRESS							
l	STREET ADDRESS CITY-ST-ZIP	3000 W CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		STREET ADDRESS CITY-ST-ZIP]						
I	TITLE	DVT	Delete	TITLE	101	1, 1, c.fo			Change	Addition	
	NAME	GARDNER, DEBORAH S	_ buck	NAME		4 4 - 1		•	T		
	STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADORESS							
ļ	CITY-ST-ZIP	FT LAUDERDALE, FL 33309	<u> </u>	CITY-ST-ZIP	<u> </u>			 _		—	
	TITLE NAME	DV SPRUCE, WILLIAM D	Delete	TITLE NAME					☐ Change	Addition	
	STREET ADDRESS	3000 W CYPRESS CREEK RD		STREET ADDRESS							
į	CITY-ST-ZIP			CITY-ST-ZIP	<u></u>						
J	43 I barabu	antituthet the information or melion with	this filles were and accepted the			d := Observe 440	Clasida Ctatuton	. I fumbou a actifu			

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 of 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 will be address. With all other like empowered.

GNATURE:

SIGNATURE AND Typed of Printed NAME OF SIGNING OFFICER OR DIRECTOR

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SIGNATURE: _

ATTACHMENT SOCOOSTO APPSOCOOSTO itle:

Р

Name:

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Street Address:

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City-St-Zip:

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Title:

V,S

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Title:

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Name:

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City-St-Zip:

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ATTACHMENT

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Name:

Street Address:

City-St-Zip:

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Street Address: City-St-Zip:

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