

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000024593 1. Entity Name FLORIDA FAMILY INSURANCE COMPANY	
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Principal Place of Business 720 GOODLETTE ROAD NORTH NAPLES, FL 34102 US	Mailing Address 720 GOODLETTE ROAD NORTH NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3371996	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 32399-0000

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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 _____
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUO CORRIGAN, PETER J 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARDY, WALTER D 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, BETH 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO CREYDT, LYDIA G 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WIGGS, WILLIAM H 720 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, MICHAEL G 720 GOODLETTE ROAD NORTH NAPLES, FL 34102

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Beth Jones</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>4/14/05</i> Date	<i>(239) 403-1826</i> Daytime Phone #
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