

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000065190

1. Entity Name
**BOSTICK & CARNEGIE INSURANCE SPECIALTY
CORPORATION**



Principal Place of Business

**4041 PRARIE VIEW DR
SARASOTA, FL 34232 US**

Mailing Address

**4041 PRARIE VIEW DR
SARASOTA, FL 34232 US**



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0690674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BOSTICK, ROBERT J
2 WINDY HILL DRIVE
WILLOUGHBY, OH 44094**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**C
RUBIN, ALAN S
19601 VAN AKEN BLVD #46
SHAKER HTS., OH 44122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PAXSON, PAUL
4041 PRARIE VIEW DR
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000265142
03/16/05-80042-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Alan S. Rubin **ALAN S. RUBIN**

3/9/05

440-439-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #