

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000065190</b>	
1. Entity Name <b>BOSTICK &amp; CARNEGIE INSURANCE SPECIALTY CORPORATION</b>	
Principal Place of Business <b>4041 PRARIE VIEW DR SARASOTA, FL 34232 US</b>	Mailing Address <b>4041 PRARIE VIEW DR SARASOTA, FL 34232 US</b>



01182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0690674**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000302988

02/05/08-800008-001-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOSTICK, ROBERT J
STREET ADDRESS	2 WINDY HILL DRIVE
CITY-ST-ZIP	WILLOUGHBY, OH 44094
TITLE	C
NAME	RUBIN, ALAN S
STREET ADDRESS	19601 VAN AKEN BLVD #46
CITY-ST-ZIP	SHAKER HTS., OH 44122
TITLE	D
NAME	PAXSON, PAUL
STREET ADDRESS	4041 PRARIE VIEW DR
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN S. RUBIN**

**1/25/08**

**440-439-5555**

Date

Daytime Phone #