


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90053 003 ***150.00

DOCUMENT # P96000080941

1. Entity Name
 FLORIDA HOSPITALITY MUTUAL INSURANCE COMPANY



Principal Place of Business
 9485 REGENCY SQUARE BLVD., STE. 415
 JACKSONVILLE, FL 32225

Mailing Address
 9485 REGENCY SQUARE BLVD., STE. 415
 JACKSONVILLE, FL 32225

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-6077796

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEMINE, JOHN A
 9485 REGENCY SQUARE BLVD.
 SUITE 415
 JACKSONVILLE, FL 32225

Regency

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	DC BROCK, JAMES E 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVC BOND, WILLIAM JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BRADLEY, RUEL L JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS RICHARDSON, MARY A 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DASC GABEL, GEORGE D JR 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DATC HEALAN, JACK B JR. 9485 REGENCY SQUARE BLVD., STE. 415 JACKSONVILLE, FL 32225

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: John A. Lemine John A. Lemine 1/31/07 904.724.9890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #