


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90156 037 ***150.00

DOCUMENT # P96000082710

1. Entity Name
COMMUNITY INSURANCE, INC.



Principal Place of Business Mailing Address

4450 W. SUNRISE BLVD. PO BOX 189013
 SUITE 100 PLANTATION, FL 33318
 PLANTATION, FL 33318

50024312



2. Principal Place of Business 3. Mailing Address

12270 SW 3 Street Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Plantation, FL City & State

01252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0730206 Not Applicable

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

6. Name and Address of Current Registered Agent

VAUGHAN, CRAIG A
 4450 W. SUNRISE BLVD.
 SUITE 100
 PLANTATION, FL 33318

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, JAMES P	NAME	Donnelly, James P
STREET ADDRESS	4450 W SUNRISE BLVD	STREET ADDRESS	2547 Sanctuary Dr.
CITY - ST - ZIP	PLANTATION, FL 33313	CITY - ST - ZIP	Weston, FL 33327
TITLE	VST <input type="checkbox"/> Delete	TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, CRAIG A	NAME	Vaughan, Craig
STREET ADDRESS	1110 WESTON RD. #121	STREET ADDRESS	12505 NW 76 St.
CITY - ST - ZIP	FT. LAUDERDALE, FL 33326	CITY - ST - ZIP	Portland, FL 33076
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, JAMES	NAME	Hartman, James
STREET ADDRESS	4450 W SANRISE BLVD	STREET ADDRESS	19509 Saturnia Lakes Dr.
CITY - ST - ZIP	PLANTATION, FL 33313	CITY - ST - ZIP	Boca Raton, FL 33498
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date Daytime Phone #