

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P96000082710**

1. Entity Name  
**COMMUNITY INSURANCE, INC.**



06 MAR 14 PM 3:10

TALLAHASSEE, FLORIDA

Principal Place of Business  
12270 SW 3RD ST  
PLANTATION, FL 33325

Mailing Address  
PO BOX 189013  
PLANTATION, FL 33318

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03012006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0730206

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Vaughan, Craig A.  
Street Address (P.O. Box Number is Not Acceptable)

12270 S.W. 3 Street, Suite 200  
City Plantation FL Zip Code 33325

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

3-10-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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
NAME	DONNELLY, JAMES P	
STREET ADDRESS	2547 SANCTUARY DR	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VST	<input type="checkbox"/> Delete
NAME	VAUGHAN, CRAIG A	
STREET ADDRESS	12565 NW 76TH ST	
CITY-ST-ZIP	PARKLAND, FL 33076	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARTMAN, JAMES	
STREET ADDRESS	19509 SATURMA LAKES DR	
CITY-ST-ZIP	BOCA RATON, FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donnelly, James P.	
STREET ADDRESS	12270 S.W. 3 Street, Suite 200	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaughan, Craig A.	
STREET ADDRESS	12270 S.W. 3 Street, Suite 200	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hartman, James	
STREET ADDRESS	12270 S.W. 3 Street, Suite 200	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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03/30/06--01062--013 \*\*711.25

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

3-10-06 954 792-6000

Date

Daytime Phone #