## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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## DOCUMENT # P96000090081

1. Entity Name

ATLANTIC SPECIALTY LINES OF FLORIDA, INCORPORATED



Principal Place of Business

9020 STONY PT PKWY

**SUITE 450** 

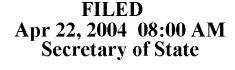
RICHMOND, VA 23235

Mailing Address

9020 STONY PT PKWY

**SUITE 450** 

RICHMOND, VA 23235





04122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-2009024

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

BRYANT, ROBERT M 226 VESTAVIA DRIVE VENICE, FL 34292

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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.	am familiar with, and accept
	the obligations of registered agent.	
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(NOTE, Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000123914 114/22/04-80023-010 150,00

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYANT, ROBERT M 226 VESTAVIA DRIVE VENICE, FL 34292
TITLE MAME STREET ADDRESS CITY-ST-ZIP	ST KANIPE, MARTIN H 9020 STONY PT PKWY, SUITE 450 RICHMOND, VA 23235
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12. I hereby	certify that the information supplied with this filing does not qualify for the ex

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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 OF

4/20/04 804-320-9500