

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000061632

1. Entity Name  
PROFESSIONAL EMPLOYERS INSURANCE, INC.



FILED

06 JUN 23 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1911 US HWY 301 NORTH  
STE 450  
TAMPA, FL 33619

Mailing Address  
1911 US HWY 301 NORTH  
STE 450  
TAMPA, FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06152006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3458948

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

HOLCOMB, VICTOR W  
106 S TAMPANIA AVE  
SUITE 200  
TAMPA, FL 33609

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Amended AR is \$61.25**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
HARPER, STEVEN D  
4311 ROBIN LN  
TAMPA, FL 33609

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

*8/3/27*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
LIESS, ROBERT  
2602 WEST SAM ALLEN RD  
PLANT CITY, FL 33564

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

COO  
SMITH, J E  
13811 WHISPERWOOD DR  
CLEARWATER, FL 33762

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

800076681578  
06/28/06--01040--001 \*\*\*1347.50

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
HARPER, WILLIAM H  
2930 JOHN MOORE RD  
BRANDON, FL 33511

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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: *Steven D. Harper* *Steven D Harper* *6/16/06* *(813) 246-5657*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #