

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000061632

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PROFESSIONAL EMPLOYERS INSURANCE, INC.

## Current Principal Place of Business:

1911 US HWY 301 NORTH  
STE 450  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

1911 US HWY 301 NORTH  
STE 450  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 59-3458948      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HARPER, STEVEN D  
Address: 4311 ROBIN LN  
City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete  
Name: LIESS, ROBERT  
Address: 2602 WEST SAM ALLEN RD  
City-St-Zip: PLANT CITY, FL 33564

Title: D ( ) Delete  
Name: HARPER, WILLIAM H  
Address: 2930 JOHN MOORE RD  
City-St-Zip: BRANDON, FL 33511

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: HARPER, STEVEN D  
Address: 4311 ROBIN LN  
City-St-Zip: TAMPA, FL 33609

Title: D/VP (X) Change ( ) Addition  
Name: LIESS, ROBERT  
Address: 2602 WEST SAM ALLEN RD  
City-St-Zip: PLANT CITY, FL 33564

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN D HARPER

D/P

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date