2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 8:00 am
Secretary of State
05-01-2006 90412 032 ***150.00

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1. Entity Name
VANGUARD FIRE & CASUALTY COMPANY

66018635

Principal Place of Business	Mailing Address
2450 MAITLAND CENTER PARKWAY SUITE 300 MAITLAND, FL 32751	P. O. BOX 2106 WINTER PARK, FL 32790

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2600 Maitland Ctr Pkwy	
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.
City & State: Maitland, Florida	City & State
Zip: 32751 Country	Zip Country

4. FEI Number: 59-3447604 ☐ 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
STINSON, THOMAS L P.O. BOX 2106 WINTER PARK, FL 32790	Name Street Address (P.O. Box Number is Not Acceptable): 2600 Maitland Center Parkway Suite 300 City: Maitland FL Zip Code: 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUVIN, LAWRENCE P 2151 HIATUS ROAD DAVIE, FL 33325	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Jones, Jr., Thomas R. 17950 SW 285th Street Homestead, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NENEZIAN, GEORGE 7000 ABERDEEN WAY MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD LUND, L. ALAN 1780 N. KROME AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD STINSON, THOMAS 4438 LITTLE WATER STREET ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANDERS, WILLIAM T 1622 EAGLE NEST CIR WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sanders, William T 1622 Eagle Nest Cir Winter Springs, FL 32708	☒ 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: _____ 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #