
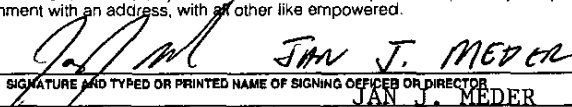


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90021 035 ***150.00

DOCUMENT # P98000026443 1. Entity Name ATLANTIC PREFERRED INSURANCE COMPANY					
Principal Place of Business TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602			Mailing Address TWO HARBOUR PLACE 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3498544				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CCEO WURDEMAN, JAMES E 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD POE, WILLIAM F JR 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRZESINSKI, THOMAS S 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POE, WILLIAM F SR 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 302 KNIGHTS RUN AVENUE, STE. 700 TAMPA, FL 33602		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEREN P 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 68 LADOGA TAMPA, FL 33606		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSKIS, MARILYN P 511 BAY ST., STE 400 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8 BAHAMA CIRCLE TAMPA, FL 33606		
12. 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 an other like empowered.					
SIGNATURE:  JAN J. MEDER 2/3/2004 813-259-4004					

44008116



01192004 Chg-P CR2E034 (10/03)

Attachment

44008116

ATLANTIC PREFERRED INSURANCE COMPANY
2004 UNIFORM BUSINESS REPORT
DOCUMENT # P98000026443
FEI NUMBER: 59-3498544

CHANGES:

D
POE, CHARLE E.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

S/T/CF0
MEDER, JAN J.
302 KNIGHTS RUN AVENUE, STE. 700
TAMPA, FL 33602

D
MITCHELL, JANICE P.
119 HICKORY CREEK BLVD.
BRANDON, FL 33511