

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90025 018 \*\*\*150.00

DOCUMENT # P98000032666

1. Entity Name  
CAPITOL PREFERRED INSURANCE COMPANY, INC.



Principal Place of Business  
2255 KILLEARN CENTER BLVD  
TALLAHASSEE, FL 32309

Mailing Address  
P.O. BOX 15339  
TALLAHASSEE, FL 32317-5339 US

40030000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
59-3499140

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

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's signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 TSD ☐ Delete  
NAME MARTIN, KEITH E  
STREET ADDRESS 6337 GLASGOW DR.  
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME BAKER, ALAN J  
STREET ADDRESS 1310 17TH AVE SOUTH  
CITY-STATE-ZIP BROOKINGS, SD 57006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE PD ☐ Delete  
NAME GRAGANELLA, JAMES A  
STREET ADDRESS 2514 MILLSTONE PLANTATION RD  
CITY-STATE-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME DIERUF, THOMAS A  
STREET ADDRESS 11806 E. ARBOR DR.  
CITY-STATE-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME PATTERSON, JAMES A II  
STREET ADDRESS 615 WILLOWHURST PLACE  
CITY-STATE-ZIP LOUISVILLE, KY 40223

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME BUCHANAN, DONALD D  
STREET ADDRESS 2223 WYNNEWOOD CIR  
CITY-STATE-ZIP LOUISVILLE, KY 40222

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH MARTIN

3/27/08

Date

850-521-0742

Days the Phone #