

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000077934

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: CUSTOM INSURANCE OF TAMPA BAY, INC.

## Current Principal Place of Business:

8405 NORTH HIMES AVENUE SUITE 107  
TAMPA, FL 33614

## New Principal Place of Business:

8405 NORTH HIMES AVENUE - SUITE 107  
TAMPA, FL 33614

## Current Mailing Address:

8405 NORTH HIMES AVENUE SUITE 107  
TAMPA, FL 33614

## New Mailing Address:

8405 NORTH HIMES AVENUE - SUITE 107  
TAMPA, FL 33614

FEI Number: 59-1798195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MIZIO, ARMANDO F  
25400 U.S. HWY. 19 NORTH - SUITE 210  
CLEARWATER, FL 33763 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: PSTD ( ) Delete  
Name: FERLAND, SCOTT R  
Address: 1607 ALLENS RIDGE DRIVE N.  
City-St-Zip: PALM HARBOR, FL 34683

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: FERLAND, SCOTT R  
Address: 1607 ALLENS RIDGE DRIVE NORTH  
City-St-Zip: PALM HARBOR, FL 34683

Title: VPSD ( ) Change (X) Addition  
Name: FERLAND, AMY N  
Address: 1607 ALLENS RIDGE DRIVE NORTH  
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT R. FERLAND

PTD

03/06/2006

Electronic Signature of Signing Officer or Director

Date