06-17-2008 90002 006 ***150.00
P99000007700

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007700

1. Entity Name
ADMIRAL INSURANCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1650 S. KANNER HIGHWAY SUITE 201 STUART, FL 34994	1650 S. KANNER HIGHWAY SUITE 201 STUART, FL 34994

04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0889317
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALANTE, EDWARD B
521 CAMDEN AVE
STUART, FL 34994

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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 signature required when reinstating) 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

TITLE	PD
NAME	SCHULTZ, ABBOTT
STREET ADDRESS	2213 S KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	VPD
NAME	LEWIS, EDWARD
STREET ADDRESS	2213 S KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	VPDT
NAME	BARBIERI, GARY
STREET ADDRESS	2213 S KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	S
NAME	SEES, KERRY
STREET ADDRESS	2213 S KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	VPD
NAME	BARLETTA, ROBERT
STREET ADDRESS	2213 S KANNER HIGHWAY
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 772781-1089.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DC 7/1
Approved
By
AD