

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007700

FILED
Jun 16, 2009
Secretary of State

Entity Name: ADMIRAL INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

1650 S. KANNER HIGHWAY
SUITE 201
STUART, FL 34994

New Principal Place of Business:

850 NW FEDERAL HIGHWAY
SUITE 205
STUART, FL 34994

Current Mailing Address:

1650 S. KANNER HIGHWAY
SUITE 201
STUART, FL 34994

New Mailing Address:

850 NW FEDERAL HIGHWAY
SUITE 205
STUART, FL 34994

FEI Number: 65-0889317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALANTE, EDWARD B
521 CAMDEN AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

HODGINS, CHRISTOPHER R
850 NW FEDERAL HIGHWAY
STE 205
STUART, FL 34994 US

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: CHRISTOPHER R HODGINS

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PDS () Delete
Name: SCHULTZ, ABBOTT
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPD () Delete
Name: LEWIS, EDWARD
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPDT (X) Delete
Name: BARBIERI, GARY
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

Title: VPD (X) Delete
Name: BARLETTA, ROBERT
Address: 2213 S KANNER HIGHWAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: HODGINS, CHRISTOPHER R
Address: 850 NW FEDERAL HIGHWAY, STE 205
City-St-Zip: STUART, FL 34994

Title: VPD (X) Change () Addition
Name: HODGINS, LELA
Address: 850 NW FEDERAL HIGHWAY, STE 205
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER R HODGINS

PDS

06/16/2009

Electronic Signature of Signing Officer or Director

Date