

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074325

1. Entity Name
VANDERBILT INSURANCE GROUP, INC.



Principal Place of Business
606 BALD EAGLE DR.
301
MARCO ISLAND, FL 34145

Mailing Address
606 BALD EAGLE DR.
301
MARCO ISLAND, FL 34145



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945609

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DR., STE 500
MARCO ISLAND, FL 34145

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000152572
05/04/04-80091-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FORSYTHE, ROBERT W
STREET ADDRESS	5032 CASTLEROCK WAY
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	FORSYTHE, JENNIFER
STREET ADDRESS	5032 CASTLEROCK WAY
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	COX, JOEL M JR.
STREET ADDRESS	770 SOUTHERN PINE DR.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	COX, COLLEEN W
STREET ADDRESS	770 SOUTHERN PINE DR.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert W. Forsythe

Robert W. Forsythe 4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 393-4100

Daytime Phone #

President