


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000074325</b> 1. Entity Name VANDERBILT INSURANCE GROUP, INC.	
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Principal Place of Business 606 BALD EAGLE DR. 301 MARCO ISLAND, FL 34145	Mailing Address 606 BALD EAGLE DR. 301 MARCO ISLAND, FL 34145
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0945609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

000000174275  
01/10/05-80002-001 150.00

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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)(i), 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: Jennifer C Forsythe 1-4-05 239-393-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #