

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075892

FILED
May 01, 2007
Secretary of State

Entity Name: SECOND CITY INSURANCE CORP.

Current Principal Place of Business:

P.O. BOX 21527
TAMPA, FL 33622

New Principal Place of Business:

3345 US HWY 19
HOLIDAY, FL 33622

Current Mailing Address:

P.O. BOX 21527
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3596076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE S GOLDSTEIN, PA
500 E KENNEDY BLVD SUITE 101-A
TAMPA, FL 33602 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

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: PVPT () Delete
Name: MOSS, HOWARD S
Address: P.O. BOX 21527
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CRAIG MOSS

S

05/01/2007

Electronic Signature of Signing Officer or Director

Date