

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084144

Entity Name: ATHLETIC INSURANCE, INC.

FILED  
Jan 22, 2008  
Secretary of State

## Current Principal Place of Business:

1730 NW 109TH AVENUE  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

10775 SW 15TH PLACE  
DAVIE, FL 33324

## New Mailing Address:

FEI Number: 65-0950341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, RYAN  
1730 NORTHWEST 109TH AVENUE  
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COLLINS, RYAN  
Address: 1730 NORTHWEST 109TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T ( ) Delete  
Name: DUNCANSON, MONIQUE  
Address: 1730 NW 109TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP ( ) Delete  
Name: COLLINS, SAMUEL D JR  
Address: 1730 NW 109TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: ARCE, MARIAM  
Address: 1730 NW 109TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: VP (X) Change ( ) Addition  
Name: MCCORMICK, KEVIN  
Address: 1730 NW 109TH AVE.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: T ( ) Change (X) Addition  
Name: DUNCANSON, MONIQUE  
Address: 1730 NW 109TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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: RYAN COLLINS

P

01/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date