

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90302 041 ***150.00

DOCUMENT # P98000024612

1. Entity Name
FIRST PROTECTIVE INSURANCE COMPANY



Principal Place of Business
**200 COLONIAL CENTER PKWY.
STE. 100
LAKE MARY, FL 32746 US**

Mailing Address
**PO BOX 952709
LAKE MARY, FL 32795 US**

50043460



04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3498334

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VENDITTELLI, LOUIS ESQ.
200 COLONIAL CENTER PKWY.
STE. 100
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCEO ☐ Delete
NAME PORTER, LANIER M
STREET ADDRESS 202 GRAYSIDE CIRCLE, #204
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☒ Addition
NAME **D Emily McDonald**
STREET ADDRESS **149 Oak Ridge Ave**
CITY-ST-ZIP **Summit, NJ 07901**

TITLE DP ☐ Delete
NAME PORTER, LEMAN M
STREET ADDRESS 1505 WHITSTABLE CT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME WILLIAMS, DWAYNE
STREET ADDRESS 1040 BLOOMSBURY CT.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KING, WILLIS T JR
STREET ADDRESS 122 PROSPECT ST
CITY-ST-ZIP SUMMIT, NJ 07901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME HUMPHREY, HAROLD M
STREET ADDRESS 8940 SW 160TH ST.
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COSGROVE, JOHN F
STREET ADDRESS 201 W FLAGLER ST.
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dwayne K. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05
Date

407-444-5224
Daytime Phone #