

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90087 029 ***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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3498334

Applied For
Not Applicable

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, 2006 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
NAME
DCEO
PORTER, LANIER M
STREET ADDRESS
202 GRAYSIDE CIRCLE, #204
CITY-ST-ZIP
MAITLAND, FL 32751 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
Porter, Lemman M. ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
Williams, Dwayne
3414 Fox Meadow Ct.
Longwood, FL 32779 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
King, Willis T. Jr. ☒ Change ☐ Addition

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/06 *321-249-8106*