


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F04000003615**  
 1. Entity Name  
 THE BOTTRELL INSURANCE AGENCY, INC.



Principal Place of Business 111 E. CAPITOL STREET SUITE 500 JACKSON, MS 39201	Mailing Address P.O. BOX 1490 JACKSON, MS 39215
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04182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 64-0887176	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  
 SUMRALL, JOHN D  
 4460 LEGENDARY DRIVE, SUITE 350  
 DESTIN, FL 32541

**DO NOT WRITE 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 *John D Sumrall* DATE *4/26/07*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOODS, C. SCOTT 111 E. CAPITOL STREET, SUITE 500 JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VEAZEY, JERRY JR. 111 E. CAPITOL STREET, SUITE 500 JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARMSTRONG, JIM 111 E. CAPITOL STREET, SUITE 500 JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT WILLIAMS, MICHAEL B 111 E. CAPITOL STREET, SUITE 500 JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COLLIER, THOMAS H II 248 E. CAPITOL STREET JACKSON, MS 39201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA DIXON, CARMAN R JR. 111 E. CAPITOL STREET, SUITE 500 JACKSON, MS 39201

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U00000750531  
 05/18/07-80066-015 150.00

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: *T. Harris Collier III* DATE: *April 20, 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phone (601) 308-7671