

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003615

FILED
Apr 23, 2009
Secretary of State

Entity Name: THE BOTTRELL INSURANCE AGENCY, INC.

Current Principal Place of Business:

111 E. CAPITOL STREET
SUITE 500
JACKSON, MS 39201

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1490
JACKSON, MS 39215

New Mailing Address:

FEI Number: 64-0887176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMRALL, JOHN D
4460 LEGENDARY DRIVE, SUITE 350
DESTIN, FL 32541 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: C () Delete
Name: WOODS, C. SCOTT
Address: 111 E. CAPITOL STREET, SUITE 500
City-St-Zip: JACKSON, MS 39201

Title: P () Delete
Name: VEAZEY, JERRY JR.
Address: 111 E. CAPITOL STREET, SUITE 500
City-St-Zip: JACKSON, MS 39201

Title: VP () Delete
Name: ARMSTRONG, JIM
Address: 111 E. CAPITOL STREET, SUITE 500
City-St-Zip: JACKSON, MS 39201

Title: CONT () Delete
Name: WILLIAMS, MICHAEL B
Address: 111 E. CAPITOL STREET, SUITE 500
City-St-Zip: JACKSON, MS 39201

Title: SEC () Delete
Name: COLLIER, THOMAS H II
Address: 248 E. CAPITOL STREET
City-St-Zip: JACKSON, MS 39201

Title: TREA () Delete
Name: DIXON, CARMAN R JR.
Address: 111 E. CAPITOL STREET, SUITE 500
City-St-Zip: JACKSON, MS 39201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MELISSA M. JONES

FVP

04/23/2009

Electronic Signature of Signing Officer or Director

Date