2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State DOCUMENT # P02000110419 05-01-2008 90184 030 ***150.00 1. Entity Name SCOTT CAMERON INSURANCE AGENCY, INC. Principal Place of Business Mailing Address 5355 SW COLLEGE ROAD 5355 SW COLLEGE ROAD OCALA, FL 34474 OCALA, FL 34474 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04302008 Chg-P City & State City & State Applied For 4. FEI Number 56-2307033 Not Applicable Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -CAMERON, SCOTT 5355 SW COLLEGE ROAD Street Address (P.O. Box Number is Not Acceptable) OCALA, FL 34474 City 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) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SECRETARY TITLE ☐ Delete TITLE Change | Addition CAMERON, SCOTT J NAME NAME CONSTANCE CAMERON STREET ADDRESS 5355 SW COLLEGE ROAD SOID SW and AUE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34474 CITY-ST-ZIP SECR Delete TITLE TITLE ☐ Change ☐ Addition NAME CAMERON, KARI M NAME STREET ADDRESS 5010 SW 2ND AVE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information surindicated on this report or supplement polied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tal 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a partiess, with all other like empowered. of the corporation of SIGNATURE:

OUR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED