2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90314 013 ***150.00

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1. Entity Name
BOWDITCH INSURANCE CORPORATION

6D025064

Principal Place of Business	Mailing Address
101 CENTURY 21 DR SUITE 200 JACKSONVILLE, FL 32216	PO BOX 16409 JACKSONVILLE, FL 32245

03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-2653365 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHENEY, ANDREW B
100 SOUTH ORANGE AVE STE 100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Kendall Spencer
Street Address (P.O. Box Number is Not Acceptable): 100 South Orange Ave
Suite 100
City: Orlando, FL FL Zip Code: 32801

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	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUBOSE, JOHN C		NAME	
STREET ADDRESS	104 SOUTH MAIN STREET		STREET ADDRESS	
CITY ST ZIP	GREENVILLE, SC 29601		CITY ST ZIP	
TITLE	DVST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, WILLIAM P JR		NAME	
STREET ADDRESS	104 SOUTH MAIN STREET		STREET ADDRESS	
CITY ST ZIP	GREENVILLE, SC 29601		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			NAME	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	

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: Juanita Bowditch V.P. 4/3/06 904-855-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Juanita Bowditch