

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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014-00000009024 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000081079 1. Entity Name COUNTRYWIDE INSURANCE GROUP CORP		
Principal Place of Business 15907 WAVERLY MANOR DAVIE, FL 33322		Mailing Address 15907 WAVERLY MANOR DAVIE, FL 33322
2. Principal Place of Business - No P.O. Box # 8320 W. Sunrise Blvd Suite, Apt. #, etc. Ste 206	3. Mailing Address 8320 W. Sunrise Blvd Suite, Apt. #, etc. Ste 206	
City & State Plantation, FL	City & State Plantation, FL	
Zip 33322	Country BROWARD	Zip 33322
6. Name and Address of Current Registered Agent GRAVIER, CIARA 15907 WAVERLY MANOR DAVIE, FL 33331		7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8320 W. Sunrise Blvd Ste 206 City Plantation FL Zip Code 33322
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:		
(NOTE: Registered Agent signature required when reinstating)		
DATE:		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAVIER, CIARA 15907 WAVERLY MANOR DAVIE, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GRAVIER, ESTHER 15907 WAVERLY MANOR DAVIE, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRAVIER, MARCOS R 15907 WAVERLY MANOR DAVIE, FL 33331	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete
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:		Jan 7, 2008 954.449.8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
[Empty]		Daytime Phone #