2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000062867

Entity Name: CRAIG C. BOST INSURANCE, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

948 E. HATHAWAY AVE. 10 SW 7TH ST

BRONSON, FL 32621 WILLISTON, FL 32696

Current Mailing Address: New Mailing Address:

P.O. BOX 130 10 SW 7TH ST

BRONSON, FL 32621 WILLISTON, FL 32696

FEI Number: 26-3612115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOST, CRAIG C. BOST, CRAIG C. 948 E. HATHAWAY AVE. 10 SW 7TH ST

BRONSON, FL 32621 US WILLISTON, FL 32696 US

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: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BOST, CRAIG C.
 Name:
 BOST, CRAIG C.

 Address:
 948 E. HATHAWAY AVE.
 Address:
 10 SW 7TH ST

 City-St-Zip:
 BRONSON, FL 32621
 City-St-Zip:
 WILLISTON, FL 32696

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: CRAIG C BOST OFFI 04/29/2009