2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F04000003615

1. Entity Name
THE BOTTRELL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
111 E. CAPITOL STREET SUITE 500 JACKSON, MS 39201	P.O. BOX 1490 JACKSON, MS 39215

DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0887176
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUMRALL, JOHN D
4460 LEGENDARY DRIVE, SUITE 350
DESTIN, FL 32541

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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 John D Sumrall 4/26/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	WOODS, C. SCOTT
STREET ADDRESS	111 E. CAPITOL STREET, SUITE 500
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	P
NAME	VEAZEY, JERRY JR.
STREET ADDRESS	111 E. CAPITOL STREET, SUITE 500
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	VP
NAME	ARMSTRONG, JIM
STREET ADDRESS	111 E. CAPITOL STREET, SUITE 500
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	CONT
NAME	WILLIAMS, MICHAEL B
STREET ADDRESS	111 E. CAPITOL STREET, SUITE 500
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	SEC
NAME	COLLIER, THOMAS H II
STREET ADDRESS	248 E. CAPITOL STREET
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	TREA
NAME	DIXON, CARMAN R JR.
STREET ADDRESS	111 E. CAPITOL STREET, SUITE 500
CITY-ST-ZIP	JACKSON, MS 39201

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05/18/07-80066-015 150.00

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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: T. Harris Collier III April 20, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. Harris Collier, III
Date (601) 208-7671 Daytime Phone #