## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003615

Entity Name: THE BOTTRELL INSURANCE AGENCY, INC.

Apr 27, 2010 Secretary of State

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

248 EAST CAPITOL STREET SUITE 1200 248 EAST CAPITOL STREET JACKSON, MS 39201

SUITE 1200

JACKSON, MS 39201

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1490 JACKSON, MS 39215

FEI Number: 64-0887176 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:

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

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: WOODS, C. SCOTT 248 E. CAPITOL STREET Address: City-St-Zip: JACKSON, MS 39201

Title:

Name: VEAZEY, JERRY JR. 248 E. CAPITOL STREET Address: JACKSON, MS 39201 City-St-Zip:

Title: VΡ

ARMSTRONG, JIM Name: 248 E. CAPITOL STREET Address: City-St-Zip: JACKSON, MS 39201

Title: SEC

COLLIER, THOMAS H III Name: Address: 248 E. CAPITOL STREET City-St-Zip: JACKSON, MS 39201

Title: TREA

Name: DIXON, CARMAN R JR. 248 E. CAPITOL STREET Address: City-St-Zip: JACKSON, MS 39201

I hereby 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 all other like empowered.

SIGNATURE: MELISSA M. JONES **FVP** 04/27/2010