**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 06, 2018**
**Secretary of State**
**CC2302627675**

DOCUMENT# P04000161744

**Entity Name:** BOUCHARD INSURANCE, INC.

**Current Principal Place of Business:**

101 STARCREST DRIVE
CLEARWATER, FL 33765

**Current Mailing Address:**

P O BOX 6090
CLEARWATER, FL 33758

**FEI Number: 20-1954615**

**Certificate of Status Desired:** No

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

BISHOP, DOUG
101 STARCREST DRIVE
CLEARWATER, FL 33765 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | CEO, PRESIDENT, DIRECTOR |
| Name | BISHOP, DOUG A |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MCWHIRTER, PATRICK T |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | ALTAMURA, ILEANE |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BOUCHARD, ADAM |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | CFO, SECRETARY, DIRECTOR |
| Name | ELSEY, MATT L |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WELCH, JEFFREY |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BECK, ERIC |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | AMARO, NICK |
| Address | P O BOX 6090 |
| City-State-Zip: | CLEARWATER FL 33758 |

*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: MATT ELSEY — CHIEF FINANCIAL OFFICER — 03/06/2018

Electronic Signature of Signing Officer/Director Detail — Date