

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 123761

FILED
Jan 07, 2008
Secretary of State

Entity Name: DONOVAN INSURANCE, INC.

Current Principal Place of Business:

6267 DUPONT STATION CT
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24960
JACKSONVILLE, FL 322411960

New Mailing Address:

FEI Number: 59-0281700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DONOVAN, THOMAS W
2963 FRONT RD
MANDARIN, FL 32257 US

Name and Address of New Registered Agent:

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: CSD () Delete
Name: DONOVAN, THOMAS W,
Address: 2963 FRONT RD
City-St-Zip: MANDARIN, FL 00000,

Title: P () Delete
Name: DONOVAN, THOMAS W. J. R.
Address: 9446 BEAUCLERC OAKS DR
City-St-Zip: JACKSONVILLE, FL

Title: SVP () Delete
Name: LUKAS, DONNA S
Address: 2300 PACCTTI RD.
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: DONOVAN, BRIAN P
Address: 9445 SILHOUETTE
City-St-Zip: JACKSONVILLE, FL 32257 57

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA S. LUKAS

SVP

01/07/2008

Electronic Signature of Signing Officer or Director

Date