2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# 123761

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 ( )**

Name and Address of Current Registered Agent:

DONOVAN, THOMAS W JR
9446 BEAUCLERC OAKS DR
JACKSONVILLE, 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

OFFICERS AND DIRECTORS:

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

Title: P
Name: DONOVAN, THOMAS W. JR.
Address: 9446 BEAUCLERC OAKS DR
City-St-Zip: JACKSONVILLE, FL

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

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

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: DONNA S LUKAS SVP 01/06/2011

Electronic Signature of Signing Officer or Director — Date