2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2006
Secretary of State

DOCUMENT# 177221

Entity Name: J. ED. ABERCROMBIE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1617 ATLANTIC BLVD
P.O. BOX 5857
JACKSONVILLE, FL 32247

New Principal Place of Business:

Current Mailing Address:

1617 ATLANTIC BLVD
P.O. BOX 5857
JACKSONVILLE, FL 32247

New Mailing Address:

FEI Number: 59-0713159 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABERCROMBIE,J ED
1617 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ABERCROMBIE, JAMES E JR
1617 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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: JAMES E ABERCROMBIE JR 07/24/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABERCROMBIE,J ED,
Address: 3444 RANDOLPH ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: ABERCROMBIE,EVELYN S,
Address: 3444 RANDOLPH ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D (X) Delete
Name: ABERCROMBIE,J ED,
Address: 3444 RANDOLPH ST.
City-St-Zip: JACKSONVILLE, FL 32207

Title: V (X) Delete
Name: ABERCROMBIE, JAMES E, .,JR
Address: 1617 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABERCROMBIE, JAMES E JR
Address: 4369 PHILLIPS PLACE
City-St-Zip: JACKSONVILLE, FL 32207

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 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: JAMES E ABERCROMBIE JR P 07/24/2006
Electronic Signature of Signing Officer or Director Date