


01-09-2008 90013 001 ***150.00

DOCUMENT # F00000005623				01-09-2008 90013 001 ***150.00	
1. Entity Name DIRECT GENERAL CONSUMER PRODUCTS, INC.					
Principal Place of Business 1281 MURFREESBORO RD. NASHVILLE, TN 37217		Mailing Address 1281 MURFREESBORO RD. NASHVILLE, TN 37217			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	ADAIR, TAMMY R		TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1281 MURFREESBORO RD.		NAME	Don Tarentin	
CITY-ST-ZIP	NASHVILLE, TN 37217		STREET ADDRESS	1281 murfreesboro rd	
			CITY-ST-ZIP	37217	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMS, STEVEN R		NAME		
STREET ADDRESS	1281 MURFREESBORO RD.		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGELY, JOHN T		NAME		
STREET ADDRESS	1281 MURFREESBORO RD.		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTER, WILLIAM J		NAME		
STREET ADDRESS	1281 MURFREESBORO RD.		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, CONSTANCE A		NAME	Amy Sanford	
STREET ADDRESS	1281 MURFREESBORO RD.		STREET ADDRESS	1281 murfreesboro rd	
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP	37217	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Sec & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, RONALD F		NAME	Scott Bojczuk	
STREET ADDRESS	1281 MURFREESBORO RD.		STREET ADDRESS	1281 murfreesboro rd	
CITY-ST-ZIP	NASHVILLE, TN 37217		CITY-ST-ZIP	37217	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Amy Sanford 1/7/8 615366-3721			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			