

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000163

FILED
Jan 07, 2008
Secretary of State

Entity Name: GLOBAL MARINE INSURANCE AGENCY, INC.

Current Principal Place of Business:

415 MUNSON AVENUE
TRAVERSE CITY, MI 49686

New Principal Place of Business:

Current Mailing Address:

PO BOX 6747
TRAVERSE CITY, MI 49696

New Mailing Address:

FEI Number: 38-3600417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, MICHAEL
1445 S.E. 16TH STREET
FT LAUDERDALE, FL 33316 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: PD () Delete
Name: SMITH, MICHAEL J
Address: 415 MUNSON AVENUE
City-St-Zip: TRAVERSE CITY, MI 49686

Title: SD () Delete
Name: ANDERSON, MATTHEW R
Address: 415 MUNSON AVENUE
City-St-Zip: TRAVERSE CITY, MI 49686

Title: TD () Delete
Name: ANDERSON, WILLIAM C
Address: 415 MUNSON AVENUE
City-St-Zip: TRAVERSE CITY, MI 49686

Title: VD () Delete
Name: STANLEY, PAMELA J
Address: 415 MUNSON AVENUE
City-St-Zip: TRAVERSE CITY, MI 49686

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: MICHAEL J. SMITH

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date