2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# F07000005766

Entity Name: CRAFT INSURANCE CENTER, INC.

Current Principal Place of Business:

823 NORTH ELM STREET
GREENSBORO, NC 27401

New Principal Place of Business:

Current Mailing Address:

PO BOX 14946
GREENSBORO, NC 27415

New Mailing Address:

FEI Number: 56-0511951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ
1267 BERKSHIRE LANE SUITE 200
TARPON SPRINGS, FL 34688 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: CRAFT, DAVID
Address: 605 N CHURCH STREET
City-St-Zip: GREENSBORO, NC 27408

Title: P ( ) Delete
Name: CRAFT, DANIEL
Address: 1012 COUNTRY CLUB DRIVE
City-St-Zip: GREENSBORO, NC 27408

Title: V ( ) Delete
Name: CROOKER, TYLER
Address: 4003 DOGWOOD DRIVE
City-St-Zip: GREENSBORO, NC 27410

Title: S ( ) Delete
Name: MOORE, WAYLAND V
Address: 1801 TIFFANY PLACE
City-St-Zip: GREENSBORO, NC 27408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: CRAFT, DAVID
Address: 605 N CHURCH STREET
City-St-Zip: GREENSBORO, NC 27408

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: DAVID B CRAFT CEO 05/19/2009

Electronic Signature of Signing Officer or Director Date