

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92776

FILED
Apr 17, 2008
Secretary of State

Entity Name: BUSINESS AND FAMILY INSURORS, INC.

Current Principal Place of Business:

1001 HIGHLAND AVE NE
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

1929 ARVIS CIR E
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2232452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMOW, RICHARD E PRES
1929 ARVIS CIRCLE EAST
CLEARWATER, FL 33764 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: CLEMOW, RICHARD E,
Address: 1929 ARVIS CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33764

Title: STD () Delete
Name: CLEMOW, MARY ANN,
Address: 1929 ARVIS CIRCLE, EAST
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: GONZALEZ, KAREN E,
Address: 1865 CAMEO WAY
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: CLEMOW, RICHARD E JR
Address: 1544 LIME ST.
City-St-Zip: CLEARWATER, FL 33756

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: KAREN E. GONZALEZ

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date