2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2011
Secretary of State

DOCUMENT# G28345

Entity Name: SCHOLFIELD INSURANCE CORPORATION

Current Principal Place of Business:

400 59TH STREET W.
BRADENTON, FL 34209

New Principal Place of Business:

Current Mailing Address:

400 59TH STREET W.
BRADENTON, FL 34209

New Mailing Address:

FEI Number: 59-2268063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, DERRYL T.
5711 7TH AVE., NW
BRADENTON, FL 34209 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

OFFICERS AND DIRECTORS:

Title: PD
Name: EDWARDS, DERRYL T.
Address: 5711 7TH AVE., NW
City-St-Zip: BRADENTON, FL

Title: VD
Name: EDWARDS, BARBARA
Address: 5711 7TH AVE., NW
City-St-Zip: BRADENTON, FL

I hereby 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 all other like empowered.

SIGNATURE: DERRYL EDWARDS PRES 03/11/2011

Electronic Signature of Signing Officer or Director — Date