

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47401

FILED
Jan 07, 2004
Secretary of State

Entity Name: BOWDITCH INSURANCE CORPORATION

Current Principal Place of Business:

101 CENTURY 21 DRIVE
200
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16409
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-2305660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDITCH, RAYNOR E
101 CENTURY 21 DRIVE
SUITE 200
JACKSONVILLE, FL 32216 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: BOWDITCH, RAYNOR E,
Address: 1145 CAMPBELL AVE.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VS () Delete
Name: BOWDITCH, JUANITA W
Address: 1145 CAMPBELL AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: V () Delete
Name: PEDOULAS, JAMES,
Address: 2945 FOREST OAKS DRIVE
City-St-Zip: ORANGE PARK, FL

Title: V () Delete
Name: BLACK, JAMES A
Address: 6758 MADRID AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: PRICE, JAMES S.
Address: 1477 BELVEDERE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: LEE, CLARA M
Address: 12441 RUNNING RIVER RD. S.
City-St-Zip: JACKSONVILLE, FL 32225

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:

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 for the exemption stated in Section 119.07(3)(i), 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 L. CAIN

VP

01/07/2004

Electronic Signature of Signing Officer or Director

Date