2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G71950

FILED Mar 13, 2008 Secretary of State

| Entity Name: DUPONT INSURANCE AGENCY, INCORPORATED | | | | | |
|--|---|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 2627 S AD. TALLAHAS | AMS ST SSEE, FL 3230 | 01 | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2627 S ADAMS ST TALLAHASSEE, FL 32301 | | | PO BOX 7021 TALLAHASSEE, FL | PO BOX 7021 TALLAHASSEE, FL 32314 | |
| FEI Number: | 59-2345376 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| 2627 S. AC | CHARLES D DAMS ST. SSEE, FL 3230 | 01 US | 2627 S. ADAMS ST. | DUPONT, SYLVIA G 2627 S. ADAMS ST. TALLAHASSEE, FL 32301 US | |
| The above in the State | | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATURE: SG DUPONT | | | | 03/13/2008 | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Can | npaign Financing | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () DUPONT, SYLV 2627 S ADAMS TALLAHASSEE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VST () DUPONT, DINA 2627 S ADAMS TALLAHASSEE | | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | AVP () DUPONT, AKIL 2627 S ADAMS TALLAHASSEE | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: SG DUPONT Ρ 03/13/2008