2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# H86865

Entity Name: RAINCROSS INSURANCE, INC.

Current Principal Place of Business:

100 COREY AVE.
SAINT PETERSBURG, FL 33706 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 67216
SAINT PETERSBURG, FL 33736 US

New Mailing Address:

FEI Number: 59-2779052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHUCK, KEVIN C
100 COREY AVE.
SAINT PETERSBURG, FL 33706 US

Name and Address of New Registered Agent:

WOLF, BOYD H
100 COREY AVE.
SAINT PETERSBURG, FL 33706 US

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: BOYD H. WOLF 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: SCHUCK, KEVIN C
Address: 100 COREY AVE.
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: DS ( ) Delete
Name: SCHUCK, JERRE
Address: 100 COREY AVE.
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SILLS, STEPHEN J
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032 US

Title: DT (X) Change ( ) Addition
Name: SENNOTT, JOHN L JR.
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032 US

Title: P ( ) Change (X) Addition
Name: WOLF, BOYD H
Address: 4601 SAN MIGUEL STREET
City-St-Zip: TAMPA, FL 33629 US

Title: VP ( ) Change (X) Addition
Name: GOUGH, DAVID E
Address: 6112 S. ELKINS AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: S ( ) Change (X) Addition
Name: ROSEN, MARK I
Address: 9 FARM SPRINGS ROAD
City-St-Zip: FARMINGTON, CT 06032 US

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: MARK I. ROSEN S 04/22/2008
Electronic Signature of Signing Officer or Director Date