2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# J22243

Entity Name: TODD-DORROH INSURANCE, INC.

Current Principal Place of Business:

3025 SIXTH STREET
MARIANNA, FL 32446

New Principal Place of Business:

4388 CLINTON STREET
MARIANNA, FL 32446

Current Mailing Address:

3025 SIXTH STREET
MARIANNA, FL 32446

New Mailing Address:

4388 CLINTON STREET
MARIANNA, FL 32446

FEI Number: 59-2680728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TODD, FRANCINE
2389 STANDLAND ROAD
COTTONDALE, FL 32431 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: PST ( ) Delete
Name: TODD, FRANCINE M.,
Address: 2389 STANDLAND ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: VP ( ) Delete
Name: TINA SCANLON,
Address: 2611 ALEX TEAL DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: VP ( ) Delete
Name: HARDCASTLE, NANCY
Address: 2389 STANDLAND ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: VP ( ) Delete
Name: TODD, KEENER J
Address: 19076 OAK HILL DRIVE
City-St-Zip: BLOUNSTOWN, FL 32424

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: FRANCINE TODD PST 03/10/2008
Electronic Signature of Signing Officer or Director Date