

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K96686

FILED
Apr 20, 2007
Secretary of State

Entity Name: BIGELOW & LARSEN INSURANCE AGENCY, INC.

Current Principal Place of Business:

685 ROYAL PALM BEACH BL.
SUITE #103-B
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

685 ROYAL PALM BEACH BLVD.
SUITE #103-B
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0658811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGELOW, CAROL J
685 ROYAL PALM BEACH BLVD.
SUITE #103-B
ROYAL PALM BEACH, FL 33411 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: P () Delete
Name: BIGELOW, CAROL L
Address: 763 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: V () Delete
Name: LARSEN, CHERYL J
Address: 6451 BARTON CREEK CIRCLE
City-St-Zip: LAKE WORTH, FL 334636548

Title: S () Delete
Name: BRODIE, SANDRA L
Address: 17 OVERCREEK DRIVE
City-St-Zip: RUTHERFORDTON, NC 281397067

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERYL J LARSEN

V

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date