

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087070

FILED
Jul 07, 2008
Secretary of State

Entity Name: BLACK BEAR INSURANCE AGENCY, INC.

Current Principal Place of Business:

260 WEKIVA SPRINGS ROAD
SUITE 1000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

280 WEKIVA SPRINGS ROAD
SUITE 1000
LONGWOOD, FL 32779

New Mailing Address:

260 WEKIVA SPRINGS ROAD
SUITE 1000
LONGWOOD, FL 32779

FEI Number: 59-3670118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, D. GENE
Address: 280 WEKIVA SPRINGS RD
City-St-Zip: LONGWOOD, FL 32779

Title: ST () Delete
Name: CECCONI, KELLY A
Address: 260 WEKIVA SPRINGS ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBERTS, D. GENE
Address: 280 WEKIVA SPRINGS RD SUITE 1040
City-St-Zip: LONGWOOD, FL 32779

Title: ST (X) Change () Addition
Name: CECCONI, KELLY A
Address: 260 WEKIVA SPRINGS ROAD SUITE 1040
City-St-Zip: LONGWOOD, FL 32779

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: KELLY CECCONI

CFO

07/07/2008

Electronic Signature of Signing Officer or Director

Date