2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000069572

Entity Name: PITTMAN INSURANCE, INC.

JACKSONVILLE, FL 32210

City-St-Zip:

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2317 BLANDING BLVD SUITE 103 JACKSONVILLE, FL 32210 **New Mailing Address: Current Mailing Address:** 2317 BLANDING BLVD. SUITE 103 JACKSONVILLE, FL 32210 FEI Number: 01-0567389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PITTMAN, SALLY L 2317 BLANDING BLVD SUITE 103 JACKSONVILLE, FL 32210 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PITTMAN, SALLY L Name: Name: 2317 BLANDING BLVD., STE 103 Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PITTMAN, DENNIS R Name: 2317 BLANDING BLVD., STE 103 Address: 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: SALLY L. PITTMAN PRES 01/07/2008