

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097384

1. Entity Name  
SOUTHERN AG CROP INSURANCE, INC.



Principal Place of Business  
270 BERQUIST RD  
FORT MEADE, FL 33841

Mailing Address  
P.O. BOX 815  
FORT MEADE, FL 33841

FILED

Jul 11, 2008 08:00 AM  
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3752437

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DAVIS, JAMES L  
270 BERQUIST RD  
FT MEADE, FL 33841

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DAVIS, JAMES L
STREET ADDRESS	270 BERQUIST RD
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	VP
NAME	DAVIS, DIANE
STREET ADDRESS	270 BERQUIST RD
CITY-ST-ZIP	FORT MEADE, FL 33841
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Diane Davis* **DIANE DAVIS**

7/7/08

863-285-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #