2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# P02000040142

Entity Name: GREAT FLORIDA INSURANCE OF PANAMA CITY INC.

Current Principal Place of Business:

2629 W. 23RD ST., #A
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2522 CAPITAL CIRCLE NE, #4
TALLAHASSEE, FL 32308

New Mailing Address:

2629 W. 23RD ST., #A
PANAMA CITY, FL 32405

FEI Number: 48-1254281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTENBURG, JOSEPH
2522 CAPITAL CIRCLE NE #4
TALLAHASSEE, FL 32308 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: P ( ) Delete
Name: ALTENBURG, JOSEPH
Address: 2522 CAPITAL CIRCLE NE #4
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete
Name: MCGEHEE, BRYAN
Address: 745 BEAL PKWY.
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: SEC ( ) Delete
Name: PORTER, APRIL
Address: 13839 BLUE SPRINGS RD
City-St-Zip: YOUNGSTOWN, FL 32466

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 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: BRYAN MCGEHEE S 05/05/2008

Electronic Signature of Signing Officer or Director Date