

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065448

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SPECIALTY INSURANCE GROUP OF BAY COUNTY, INC.

**Current Principal Place of Business:**

621 NORTH TYNDALL PARKWAY STE B  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404

**Current Mailing Address:**

621 NORTH TYNDALL PARKWAY STE B  
PANAMA CITY, FL 32404

**New Mailing Address:**

621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404

FEI Number: 11-3693947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOND, JENNIFER D  
621 NORTH TYNDALL PARKWAY STE B  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

BOND, JENNIFER D  
621 NORTH TYNDALL PARKWAY STE C  
PANAMA CITY, FL 32404 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: JENNIFER BOND

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOND, JENNIFER D  
Address: 621 NORTH TYNDALL PARKWAY STE C  
City-St-Zip: PANAMA CITY, FL 32404

I hereby 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 all other like empowered.

SIGNATURE: JENNIFER BOND

PRES

02/07/2012

Electronic Signature of Signing Officer or Director

Date