# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000110400**

**1.** Entity Name
BUSINESS INSURANCE CORPORATION

40050918

01152008      Chg-P      CR2E034 (12/06)

| Principal Place of Business | Mailing Address |
|---|---|
| 655 FULTON STREET WEST STE 7 SANFORD, FL 32771-1109 US | 1302 CHESSINGTON CIRCLE HEATHROW, FL 32746-1915 US |

| **2.** Principal Place of Business - No P.O. Box # | **3.** Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country | Zip | Country |

**4.** FEI Number
20-0291237
☐ Applied For
☐ Not Applicable

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

| **6.** Name and Address of Current Registered Agent | **7.** Name and Address of New Registered Agent |
|---|---|
| CUNNINGHAM, JOHN L 1302 CHESSINGTON CIRCLE HEATHROW, FL 32746-1915 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City                     FL    Zip Code |

**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**
**After May 1, 2008 Fee will be $550.00**

**9.** Election Campaign Financing Trust Fund Contribution. ☐      **$5.00** May Be Added to Fees

| **10.** OFFICERS AND DIRECTORS | | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE **PRESIDENT** NAME CUNNINGHAM, JOHN L STREET ADDRESS 1302 CHESSINGTON CIRCLE CITY-ST-ZIP HEATHROW, FL 32746 | ☐ Delete | TITLE President NAME John L. Cunningham STREET ADDRESS 1302 Chessington Circle CITY-ST-ZIP Heathrow, FL 32746 | ☑ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

**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.
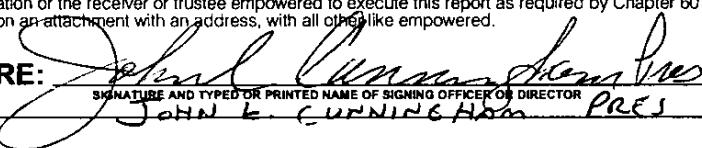
SIGNATURE: _John L. Cunningham Pres._      1/16/08      4079630471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #
JOHN L. CUNNINGHAM      PRES