## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000056896

Entity Name: BONDED BUILDERS INSURANCE SERVICES, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
11101 ROOSEVELT BLVD. N. 4TH FLOOR, LEGAL DEPT. ST PETERSBURG, FL 33716				11101 ROOSEVELT BLVD. N. ST PETERSBURG, FL 33716			
Current Mailing Address:				New Mailing Address:			
4TH FLOC	OSEVELT BLV PR, LEGAL DEI SSBURG, FL 3	PT.					
FEI Number: 20-0960333 FEI Number Applied For ( ) FEI Number			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD					
	named entity s e of Florida.	submits this statement for the pu	urpose of	f changing it	s registere	d office or registered ag	ent, or both,
SIGNATUR	RE:						
	Electron	ic Signature of Registered Ager	nt			Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () MEEHAN, DAVI 11101 ROOSE\ ST PETERSBUI	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () HUSSEMANN, E 11101 ROOSE\ ST PETERSBU	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ADFORD B SEVELT BLVD. N. SBURG, FL 33716	
Title: Name: Address: City-St-Zip:	VP () RIO, SHARON N 11101 ROOSE\ ST PETERSBUI	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:	11101 ROO	(X) Change ( ) Addition SEN, SHARON M SEVELT BLVD. N. SBURG, FL 33716	
Title: Name: Address: City-St-Zip:	AS () HAIRE, NANCY 11101 ROOSE\ ST PETERSBUI	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () TRUDEL, STEP 11101 ROOSE\ ST PETERSBUI	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition MARK E ISEVELT BLVD. N. SBURG, FL 33716	
Title: Name: Address: City-St-Zip:	S (X) HOFFMAN, GRI 11101 ROOSE\ ST PETERSBUI	/ELT BLVD. N.		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: NANCY C. HAIRE AS 04/21/2009