

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024119

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: KING'S BAY REINSURANCE INTERMEDIARIES, INC.

## Current Principal Place of Business:

818 A1A NORTH  
SUITE 301  
PONTE VEDRA BEACH, FL 32082

## Current Mailing Address:

818 A1A NORTH  
SUITE 301  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

816 A1A NORTH  
SUITE 301  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

816 A1A NORTH  
SUITE 301  
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-2340412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLOWAY, CLYDE W JR.  
GALLOWAY, BRENNAN & BILLMEIER, P.A.  
240 EAST 5TH AVENUE  
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: CAWLEY, PHILIP C  
Address: 895 W AMERICAN EAGLE DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: DS ( ) Delete  
Name: VOLPE, TIMOTHY W ESQ  
Address: 1301 RIVERPLACE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D (X) Delete  
Name: HOWSON, BRUCE K  
Address: 109 MARSH REED LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: CAWLEY, PHILIP C  
Address: 117 CALLE NORTE  
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Title: D (X) Change ( ) Addition  
Name: HOWSON, BRUCE K  
Address: 109 MARSH REED LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: PHILIP C. CAWLEY

D

04/09/2008

Electronic Signature of Signing Officer or Director

Date