2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000067574

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Mar 13, 2007 Secretary of State

Entity Nai	me: BOWDIT	CH INSURANCE CORPORA	TION				
Current Principal Place of Business:				New Principal Place of Business:			
	URY 21 DR S VILLE, FL 322						
Current Mailing Address:				New Mailing Address:			
PO BOX 16409 JACKSONVILLE, FL 32245				PO BOX 2479 LEXINGTON, SC 29071			
FEI Number: 20-2653365 FEI Number Applied For ()		FEI Num	El Number Not Applicable ()		Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
100 SOUT	R, KENDALL H ORANGE A D, FL 32801	VE STE 100 US					
	named entity e of Florida.	submits this statement for the	purpose of	f changing it	ts registere	d office or registered agent, c	or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DUBOSE, JOH 104 SOUTH MA GREENVILLE,	AIN STREET SC 29601) Delete WILLIAM P JR AIN STREET		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	104 SOUTH GREENVILL PT BOWDITCH 101 CENTU	(X) Change () Addition D, WILLIAM P JR MAIN STREET E, SC 29601 (X) Change () Addition , RAYNOR E RY 21 DRIVE STE 200 ILLE, FL 32216	
Title: Name: Address:	() Delete		Title: Name: Address:		()Change(X)Addition , JUANITA W RY 21 DRIVE STE 200	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32216

JORDAN, VALÉRIE G

LEXINGTON, SC 29072

113 REED AVENUE

() Change (X) Addition

SIGNATURE: VALERIE G JORDAN ٧ 03/13/2007