2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90170 046 ***150.00

DOCUMENT # P05000067574

1. Entity Name
BOWDITCH INSURANCE CORPORATION

4

Principal Place of Business	Mailing Address
101 CENTURY 21 DR SUITE 200 JACKSONVILLE, FL 32216	PO BOX 16409 JACKSONVILLE, FL 32245

03012007 Chg-P CR2E034 (12/06)

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 20-2653365 ☐ 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
SPENCER, KENDALL 100 SOUTH ORANGE AVE STE 100 ORLANDO, FL 32801	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY ST ZIP	DP DUBOSE, JOHN C 104 SOUTH MAIN STREET GREENVILLE, SC 29601	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP Raynor E. Bowditch 101 Century 21 Dr., Suite 200 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP CRAWFORD, WILLIAM P JR 104 SOUTH MAIN STREET GREENVILLE, SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP Juanita W. Bowditch 101 Century 21 Dr., Suite 200 Jacksonville, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DT Timothy Schools 104 South Main Street Greenville SC 29601	☐ 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
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: Juanita Bowditch 3/5/07 404-855-0744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #