


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90029 046 \*\*\*150.00

<b>DOCUMENT # P05000067574</b>	
1. Entity Name <b>BOWDITCH INSURANCE CORPORATION</b>	

Principal Place of Business <b>101 CENTURY 21 DR SUITE 200 JACKSONVILLE, FL 32216</b>	Mailing Address <b>PO BOX 2479 LEXINGTON, SC 29071</b>
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**40043629**



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

03042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2653365</b>	Applied For <input type="checkbox"/> Not Applicable
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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	
<b>SPENCER, KENDALL 100 SOUTH ORANGE AVE STE 100 ORLANDO, FL 32801</b>		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 date if applicable (NOTE: Registered Agent signature required when translating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY & ZIP	DVC CRAWFORD, WILLIAM P JR 104 SOUTH MAIN STREET GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	DR James R. Gordon 104 S. Main St. Greenville, SC 29601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & ZIP	DP BOWDITCH, RAYNOR E 101 CENTURY 21 DRIVE STE 200 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & ZIP	DV BOWDITCH, JUANITA W 101 CENTURY 21 DRIVE STE 200 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & ZIP	DR SCHOOLS, TIMOTHY 104 SOUTH MAIN STREET GREENVILLE, SC 29601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY & ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* **VP** **3/7/08** **904-855-0744**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #